

# Independent Health's Medicare Retiree Rx Part D Formulary



## 2015 Formulary (List of Covered Drugs)

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION  
ABOUT THE DRUGS WE COVER IN THIS PLAN**

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This formulary was updated on 11/01/2015. For more recent information or other questions, please contact Independent Health's Medicare Member Services Department at 1-800-665-1502 or, for TTY users, 1-800-432-1110, October 1<sup>st</sup> – February 14<sup>th</sup>: Monday through Sunday from 8 a.m. to 8 p.m., February 15<sup>th</sup> – September 30<sup>th</sup>: Monday through Friday from 8 a.m. to 8 p.m., or visit [www.independenthealth.com](http://www.independenthealth.com).

**Note to existing members:** This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to "we," "us", or "our," it means Independent Health. When it refers to "plan" or "our plan," it means Independent Health's Medicare Retiree Rx Plan.

This document includes a list of the drugs (formulary) for our plan which is current as of 11/01/2015. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1 of each year, and from time to time during the year.

Independent Health's Medicare Retiree Rx (PDP) is a PDP plan with a Medicare contract. Enrollment in Independent Health's Medicare Retiree Rx depends on contract renewal.

## **What is the Independent Health's Medicare Retiree Rx Part D Formulary?**

A formulary is a list of covered drugs selected by us in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. We will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an Independent Health network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

### **Can the Formulary (drug list) change?**

Generally, if you are taking a drug on our 2015 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2015 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of November 1, 2015. To get updated information about the drugs covered by Independent Health, please contact us. Our contact information appears on the front and back cover pages. In the event that a non-maintenance change to the formulary occurs prior to the monthly publication update, such change will be communicated via an ERRATA sheet, which will be available on our website and in printed form.

### **How do I use the Formulary?**

The formulary begins on page 1. The drugs in this formulary are arranged in alphabetical order. Both brand name drugs and generic drugs are listed in the formulary.

### **What are generic drugs?**

We cover both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

### **Are there any restrictions on my coverage?**

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** We require you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, we limit the amount of the drug that we will cover. For example, we provide 12 tablets per prescription for ZOMIG. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, we require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to Independent Health' Medicare Retiree Rx Part D formulary?" on page III for information about how to request an exception.

### **What if my drug is not on the Formulary?**

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that we do not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by us. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by us.
- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

### **How do I request an exception to the Independent Health's Medicare Retiree Rx Part D Formulary?**

You can ask us to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, we limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, we will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you request a formulary, tiering or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

### **What do I do before I can talk to my doctor about changing my drugs or requesting an exception?**

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with 91 to 98-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

For enrollees admitted or discharged from a long-term care facility or have had any change in level of care, early refill edits will not be used to limit appropriate and necessary access to your Part D benefit and you are allowed to access a refill upon admission or discharge without restrictions. LTC pharmacies are permitted to use Emergency Boxes (E Box) when necessary. However the E Box should be replenished from the patient's monthly prescription claim.

If you are a new or current Medicare Part D enrollee transitioning from one treatment setting to another or experience transitions due to level of care changes, Independent Health will provide a supply of medication pursuant to CMS requirements in compliance with transition and continuity of care provisions as follows:

- At a retail pharmacy a one-time 30-day transition supply (unless the prescription is written for less than 30 days) will be authorized with refills to total 30 days of medication.
- If you are a resident of a long-term care facility, a 91- 98 day supply (unless the prescription is written for less) will be authorized with refills if needed.

After authorizing the temporary fills referred to above, we will send you a letter via the U.S. mail within three (3) business days, detailing the temporary nature of the transition supply you have received, instructions for working with the plan and your doctor to identify appropriate therapeutic alternatives that are in the Independent Health Medicare Retiree Rx Part D Formulary, an explanation of your right to request a formulary exception and a description of the procedures for requesting a formulary exception. We will also send a copy of the letter to your doctor.

### **For more information**

For more detailed information about your Independent Health prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Independent Health, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

### **Independent Health's Medicare Retiree Rx Part D Formulary**

The formulary that begins on page number 1 provides coverage information about the drugs covered by Independent Health.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., ZOMIG) and generic drugs are listed in lower-case italics (e.g., *penicillin*).

The information in the Requirements/Limits column tells you if we have any special requirements for coverage of your drug.

Drugs listed with a “\*” in the Requirements/Limits column are not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount that you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

Drugs listed with an **“AL”** in the Requirements/Limits column have age limitations.

Drugs listed with a **“BD”** in the Requirements/Limits column may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination. If it is determined that coverage for this drug falls under Medicare Part B, your cost will not be the tier co-pay in this drug list. Please refer to Chapter 4 of your Evidence of Coverage for the cost of Part B drugs or contact Independent Health’s Medicare Member Services Department. Our contact information appears on the front and back cover pages.

Drugs listed with a **“GC”** in the Requirements/Limits column are covered by us in the coverage gap for all plans with prescription drug coverage (please refer to your Evidence of Coverage for more information about this coverage).

Home infusion drugs listed with a **“HI”** in the Requirements/Limits column may be covered under our medical benefit. For more information, call Independent Health’s Medicare Member Services Department. Our contact information appears on the front and back cover pages.

Drugs listed with a **“MB”** in the Requirements/Limits column are a medical benefit and are not covered as part of your Medicare Part D coverage. Please refer to your Evidence of Coverage or call Member Services to find out what your costs are for these drugs. Our contact information appears on the front and back cover pages. If you are receiving extra help in paying for your prescriptions, you will not get any extra help to pay for these medical drugs.

Drugs listed with a **“MO”** in the Requirements/Limits column may be prescribed and dispensed at a participating network retail or mail order pharmacy for a 90 day supply.

Drugs listed with a **“PA”** in the Requirements/Limits column require prior authorization (see **“Are there any restrictions on my coverage”** on page II).

Drugs listed with a **“QL”** in the Requirements/Limits column have quantity limitations (see **“Are there any restrictions on my coverage”** on page II).

Drugs listed with a **“RF”** in the Requirements/Limits column are restricted to females only.

Drugs listed with a **“RM”** in the Requirements/Limits column are restricted to males only.

Drugs listed with a **“SP”** in the Requirements/Limits column have limited distribution and are available from a specialty pharmacy.

Drugs listed with a **“ST”** in the Requirements/Limits column are restricted to step therapy requirements (see **“Are there any restrictions on my coverage”** on page II).

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
8-MOP	3	
<i>abacavir sulfate</i>	1	MO
<i>abacavir-lamivudine-zidovudine</i>	1	MO
ABELCET	3	BD
ABILIFY MAINTENA	2	BD; MO
ABILIFY ORAL TABLET	3	MO; QL (30 EA per 30 days)
ABRAXANE	3	PA
ABSORICA	3	
ABSTRAL	3	PA; QL (120 EA per 30 days)
<i>acamprosate calcium</i>	1	
ACANYA	2	
<i>acarbose</i>	1	MO
ACCOLATE	3	MO
ACCUPRIL	3	MO
ACCURETIC	3	MO
<i>acebutolol hcl oral</i>	1	MO
<i>acetaminophen-codeine #2</i>	1	
<i>acetaminophen-codeine #3</i>	1	
<i>acetaminophen-codeine #4</i>	1	
<i>acetaminophen-codeine oral solution</i>	1	
<i>acetazol hc</i>	1	
<i>acetazolamide er</i>	1	MO
<i>acetazolamide oral</i>	1	MO
<i>acetazolamide sodium</i>	1	
<i>acetic acid otic</i>	1	
<i>acetylcysteine inhalation</i>	1	BD; MO
ACIPHEX	3	ST; MO
ACIPHEX SPRINKLE	3	ST; MO
<i>acitretin</i>	1	PA
ACTEMRA SUBCUTANEOUS*	3	PA

Drug Name	Tier	Requirements/Limits
<i>acthib</i>	1	
ACTIGALL	3	MO
ACTIMMUNE	3	PA; SP
ACTIQ	3	PA; QL (120 EA per 30 days)
ACTIVELLA	3	PA; MO; AL (Max 64 Years)
ACTONEL	3	MO
ACTOPLUS MET	3	MO
ACTOPLUS MET XR	2	MO
ACTOS	3	MO
ACULAR	3	
ACULAR LS	3	
ACUVAIL	3	
<i>acyclovir external</i>	1	
<i>acyclovir oral</i>	1	MO
<i>acyclovir sodium intravenous* solution</i>	1	BD
ACZONE	3	
<i>adacel</i>	1	
ADAGEN	2	PA
ADALAT CC	3	MO
<i>adapalene external 0.1 %</i>	1	
<i>adapalene external cream</i>	1	
ADCIRCA	2	PA; MO
ADDERALL ORAL TABLET 20 MG, 5 MG, 7.5 MG	3	MO
ADDERALL XR	3	MO
<i>adefovir dipivoxil</i>	1	MO
ADEMPAS	3	PA; SP
ADOXA ORAL CAPSULE	3	
ADRUCIL INTRAVENOUS* SOLUTION 500 MG/10ML	3	
ADVAIR DISKUS	2	MO
ADVAIR HFA	2	MO
ADVICOR	3	MO
AEROSPAN	2	MO
<i>afeditab cr</i>	1	MO
AFINITOR	3	PA
AFINITOR DISPERZ	3	PA
AFREZZA	3	PA; MO



Drug Name	Tier	Requirements/Limits
AGGRENOX	3	MO
AGRYLIN	3	MO
<i>a-hydrocort</i>	1	
AKYNZEO	3	BD
<i>ala cort</i>	1	
ALA SCALP	3	
ALBENZA	3	
<i>albuterol sulfate er</i>	1	MO
<i>albuterol sulfate inhalation</i>	1	BD
<i>albuterol sulfate oral</i>	1	MO
ALCAINE	3	
<i>aclometasone dipropionate</i>	1	
ALDACTAZIDE ORAL TABLET 25-25 MG	3	MO
ALDACTAZIDE ORAL TABLET 50-50 MG	2	MO
ALDACTONE	3	MO
ALDARA	3	PA
<i>alendronate sodium</i>	1	MO
<i>alfuzosin hcl er</i>	1	MO
ALIMTA INTRAVENOUS* SOLUTION RECONSTITUTED 500 MG	3	PA
ALINIA	2	
ALKERAN INTRAVENOUS*	3	PA
<i>allopurinol oral</i>	1	MO
<i>almotriptan malate</i>	1	
ALOCRIIL	3	
ALOMIDE	2	
ALOPRIM	3	
ALORA	2	PA; MO; AL (Max 64 Years)
<i>alosetron hcl</i>	1	MO
ALOXI	3	BD
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	MO
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	MO
<i>alprazolam er</i>	1	
<i>alprazolam oral</i>	1	
ALREX	2	
ALSUMA	3	

Drug Name	Tier	Requirements/Limits
ALTABAX	3	
ALTACE	3	MO
ALTOPREV	3	MO
ALVESCO	2	MO
<i>amantadine hcl oral</i>	1	MO
AMARYL	3	MO
AMBIEN	3	QL (30 EA per 30 days)
AMBIEN CR	3	QL (30 EA per 30 days)
AMBISOME	3	BD
<i>amcinonide external cream</i>	1	
AMCINONIDE EXTERNAL LOTION	3	
AMCINONIDE EXTERNAL OINTMENT	3	
AMERGE	3	
<i>amethia</i>	1	
AMETHYST	2	MO
<i>amifostine</i>	1	
<i>amikacin sulfate injection solution 500 mg/2ml</i>	1	
<i>amiloride hcl oral</i>	1	MO
<i>amiloride-hydrochlorothiazide</i>	1	MO
<i>aminophylline intravenous*</i>	1	
AMINOSYN II	2	BD
<i>aminosyn i/electrolytes</i>	1	BD
AMINOSYN M	2	BD
AMINOSYN/ELECTROLYTES INTRAVENOUS* SOLUTION 7 %	2	BD
<i>aminosyn/electrolytes intravenous* solution 8.5 %</i>	1	BD
AMINOSYN-HBC	2	BD
AMINOSYN-PF	2	BD
AMINOSYN-RF	2	BD
<i>amiodarone hcl intravenous* solution 150 mg/3ml</i>	1	BD
<i>amiodarone hcl oral tablet 200 mg, 400 mg</i>	1	MO
AMITIZA	3	
<i>amitriptyline hcl oral</i>	1	PA; AL (Max 64 Years)
<i>amlodipine besy-benazepril hcl</i>	1	MO
<i>amlodipine besylate oral</i>	1	MO

Drug Name	Tier	Requirements/Limits
<i>amlodipine besylate-valsartan</i>	1	MO
<i>amlodipine-atorvastatin</i>	1	MO
<i>amlodipine-valsartan-hctz</i>	1	MO
AMMONIUM CHLORIDE INTRAVENOUS*	3	
<i>ammonium lactate external</i>	1	
<i>amnesteem</i>	1	
AMOXAPINE	2	
<i>amoxicill-clarithro-lansopraz</i>	1	
<i>amoxicillin</i>	1	
<i>amoxicillin-pot clavulanate er</i>	1	
<i>amoxicillin-pot clavulanate oral</i>	1	
<i>amphetamine-dextroamphet er</i>	1	MO
<i>amphetamine-dextroamphetamine</i>	1	MO
AMPHOTERICIN B INJECTION	2	BD
<i>ampicillin</i>	1	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	1	
<i>ampicillin sodium intravenous* solution reconstituted 10 gm</i>	1	
<i>ampicillin-sulbactam sodium injection solution reconstituted 3 (2-1) gm</i>	1	
<i>ampicillin-sulbactam sodium intravenous* solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm</i>	1	
AMPYRA	3	PA; MO
AMRIX	3	PA; AL (Max 64 Years)
ANADROL-50	3	
ANAFRANIL	3	PA; AL (Max 64 Years)
<i>anagrelide hcl</i>	1	MO
ANAPROX	3	MO
ANAPROX DS	3	MO
<i>anastrozole oral</i>	1	MO
ANCOBON	3	
ANDRODERM TRANSDERMAL PATCH 24 HR 2 MG/24HR, 4 MG/24HR	2	PA
ANDROGEL PUMP	2	PA
ANDROGEL TRANSDERMAL 20.25 MG/1.25GM (1.62%), 40.5 MG/2.5GM (1.62%), 50 MG/5GM (1%)	2	PA

Drug Name	Tier	Requirements/Limits
ANDROGEL TRANSDERMAL 25 MG/2.5GM (1%)	3	PA
ANDROID	2	PA; MO
ANGELIQ	3	PA; MO; AL (Max 64 Years)
ANORO ELLIPTA	2	MO
ANTABUSE	3	MO
ANTARA ORAL CAPSULE 30 MG, 90 MG	3	MO
ANUSOL-HC CREAM	3	
ANZEMET	3	BD
APEXICON E	3	
APIDRA	3	MO
APIDRA SOLOSTAR	3	MO
APLENZIN	3	MO
APOKYN	3	PA; SP
<i>apraclonidine hcl</i>	1	MO
<i>apri</i>	1	MO
APRISO	2	MO
APTENSIO XR	3	MO
APTIOM	3	PA
APTIVUS	2	MO
ARALAST NP INTRAVENOUS* SOLUTION RECONSTITUTED 400 MG	3	PA; SP
<i>aranelle</i>	1	MO
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 10 MCG/0.4ML, 100 MCG/0.5ML, 100 MCG/ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 200 MCG/ML, 25 MCG/0.42ML, 25 MCG/ML, 300 MCG/0.6ML, 300 MCG/ML, 40 MCG/0.4ML, 40 MCG/ML, 500 MCG/ML, 60 MCG/0.3ML, 60 MCG/ML	2	PA
ARAVA	3	MO
ARBINOXA	3	PA; AL (Max 64 Years)
ARCALYST	2	PA; SP
ARCAPTA NEOHALER	2	MO
ARICEPT ORAL TABLET 10 MG, 5 MG	3	MO
ARICEPT ORAL TABLET 23 MG	3	ST; MO
ARIMIDEX	3	MO
<i>aripiprazole oral tablet</i>	1	MO; QL (30 EA per 30 days)
ARIXTRA	3	

Drug Name	Tier	Requirements/Limits
ARNUITY ELLIPTA	2	MO; AL (Min 12 Years)
AROMASIN	3	MO
ARRANON	3	PA
ARTHROTEC	3	MO
ARZERRA INTRAVENOUS* CONCENTRATE 100 MG/5ML	3	PA
ASACOL HD	2	MO
<i>ascomp-codeine</i>	1	PA; AL (Max 64 Years)
<i>ashlyna</i>	1	
ASMANEX 120 METERED DOSES	2	MO
ASMANEX 30 METERED DOSES	2	MO
ASMANEX 60 METERED DOSES	2	MO
ASMANEX HFA	2	MO
<i>aspirin-dipyridamole er</i>	1	MO
<i>assure id insulin safety syr 29g x 1/2" 1 ml</i>	1	
ASTAGRAF XL	3	BD
ASTEPRO	3	
ATACAND	3	MO
ATACAND HCT	3	MO
ADELVIA	3	MO
<i>atenolol oral</i>	1	MO
<i>atenolol-chlorthalidone</i>	1	MO
ATGAM	2	BD
<i>atorvastatin calcium oral</i>	1	MO
<i>atovaquone-proguanil hcl</i>	1	
ATRALIN	3	
ATRIPLA	2	MO
<i>atropine sulfate injection solution 0.1 mg/ml</i>	1	
<i>atropine sulfate ophthalmic solution</i>	1	
ATROVENT	3	MO
ATROVENT HFA	2	MO
AUBAGIO	3	PA; SP
<i>aubra</i>	1	MO
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	3	
AURYXIA	3	MO
AUVI-Q	2	
AVALIDE	3	MO

Drug Name	Tier	Requirements/Limits
AVANDAMET ORAL TABLET 2-1000 MG	3	MO
AVANDIA	3	MO
AVAPRO	3	MO
AVASTIN	3	PA; SP
AVC VAGINAL	3	
AVEED	3	PA
AVELOX ABC PACK	3	
AVELOX INTRAVENOUS*	2	
AVELOX ORAL	3	
<i>aviane</i>	1	MO
<i>avita</i>	1	
AVODART	2	MO
AVONEX	2	
AVONEX PEN	2	
AVONEX PREFILLED	2	
AXERT	3	
AXIRON	3	PA
AYGESTIN	3	
<i>azacitidine</i>	1	PA
AZACTAM INJECTION SOLUTION RECONSTITUTED 1 GM	3	
AZASAN	2	BD; MO
AZASITE	3	
<i>azathioprine oral</i>	1	BD; MO
<i>azelastine hcl nasal</i>	1	
<i>azelastine hcl ophthalmic</i>	1	
AZELEX	2	
AZILECT	2	MO
<i>azithromycin intravenous*</i>	1	
<i>azithromycin oral</i>	1	
AZOPT	2	MO
AZOR	3	MO
<i>aztreonam injection solution reconstituted 1 gm</i>	1	
AZULFIDINE	3	MO
AZULFIDINE EN-TABS	3	MO
<i>baciim</i>	1	
<i>bacitracin intramuscular*</i>	1	

Drug Name	Tier	Requirements/Limits
<i>bacitracin ophthalmic</i>	1	
<i>bacitracin-polymyxin b ophthalmic</i>	1	
<i>bacitra-neomycin-polymyxin-hc</i>	1	
<i>baclofen oral</i>	1	MO
BACTRIM	3	
BACTRIM DS	3	
BACTROBAN	3	
BACTROBAN NASAL	3	
<i>balsalazide disodium</i>	1	MO
<i>balziva</i>	1	MO
BANZEL	2	MO
BARACLUDE ORAL SOLUTION	2	MO
BARACLUDE ORAL TABLET	3	MO
BCG VACCINE	2	
<i>bd insulin syringe u-100 1 ml</i>	1	
<i>bd safetyglide insulin syringe 29g x 1/2" 0.5 ml</i>	1	
BECONASE AQ	2	MO
BELEODAQ	3	PA
BELSOMRA	3	QL (30 EA per 30 days)
<i>benazepril hcl oral</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	1	MO
BENICAR	3	MO
BENICAR HCT	3	MO
BENTYL INTRAMUSCULAR*	3	
BENTYL ORAL CAPSULE	3	
BENTYL ORAL TABLET	3	
BENZACLIN	3	
<i>benzoyl peroxide-erythromycin</i>	1	
<i>benztropine mesylate injection</i>	1	
<i>benztropine mesylate oral</i>	1	PA; MO; AL (Max 64 Years)
BEPREVE	3	
BERINERT	3	PA
BESIVANCE	3	
BETAGAN	3	MO
<i>betamethasone dipropionate aug</i>	1	
<i>betamethasone dipropionate external</i>	1	

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>betamethasone valerate external</i>	1	
BETAPACE AF	3	MO
BETASERON	3	PA
<i>betaxolol hcl</i>	1	MO
<i>bethanechol chloride oral</i>	1	MO
BETHKIS	3	BD
BETIMOL OPHTHALMIC SOLUTION 0.5 %	3	MO
BETOPTIC-S	2	MO
<i>bexarotene</i>	1	
<i>bexsero</i>	1	
BEYAZ	3	MO
BIAXIN	3	
<i>bicalutamide</i>	1	
BICILLIN C-R	3	
BICILLIN C-R 900/300	3	
BICILLIN L-A	3	
BICNU	3	PA
BIDIL	3	MO
BILTRICIDE	3	
<i>bimatoprost ophthalmic</i>	1	MO
BINOSTO	3	MO
<i>bisoprolol fumarate</i>	1	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
BIVIGAM INTRAVENOUS* SOLUTION 10 GM/100ML	2	PA
<i>bleomycin sulfate injection solution reconstituted 30 unit</i>	1	PA
BLEPH-10	3	
BLEPHAMIDE	2	
BLEPHAMIDE S.O.P.	2	
BONIVA INTRAVENOUS*	3	PA
<i>boostrix</i>	1	
BOSULIF	3	PA
BREO ELLIPTA	2	MO
BREVICON (28)	3	MO
<i>briellyn</i>	1	MO
BRILINTA ORAL TABLET 90 MG	2	MO
<i>brimonidine tartrate ophthalmic</i>	1	MO



Drug Name	Tier	Requirements/Limits
BRINTELLIX	3	
BRISDELLE	3	
<i>bromfenac sodium</i>	1	
<i>bromocriptine mesylate oral</i>	1	MO
BROVANA	3	BD; MO
<i>budesonide er</i>	1	
<i>budesonide inhalation</i>	1	BD; MO
<i>budesonide nasal</i>	1	MO
<i>bumetanide injection</i>	1	
<i>bumetanide oral</i>	1	MO
BUPAP ORAL TABLET 50-300 MG	3	PA; AL (Max 64 Years)
BUPRENEX	3	
<i>buprenorphine hcl injection</i>	1	
<i>buprenorphine hcl sublingual</i>	1	
<i>buprenorphine hcl-naloxone hcl</i>	1	
<i>buproban</i>	1	
<i>bupropion hcl er (sr)</i>	1	MO
<i>bupropion hcl er (xl)</i>	1	MO
<i>bupropion hcl oral</i>	1	MO
<i>bupirone hcl oral</i>	1	MO
BUSULFEX	3	PA
<i>butalbital-acetaminophen</i>	1	PA; AL (Max 64 Years)
<i>butalbital-apap-caff-cod</i>	1	PA; AL (Max 64 Years)
<i>butalbital-apap-caffeine oral capsule</i>	1	PA; AL (Max 64 Years)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	1	PA; AL (Max 64 Years)
<i>butalbital-asa-caff-codeine</i>	1	PA; AL (Max 64 Years)
<i>butalbital-aspirin-caffeine oral capsule</i>	1	PA; AL (Max 64 Years)
BUTISOL SODIUM ORAL TABLET 30 MG	3	PA; AL (Max 64 Years)
<i>butorphanol tartrate injection</i>	1	
<i>butorphanol tartrate nasal</i>	1	
BUTRANS	3	QL (4 EA per 28 days)
BYDUREON	2	ST; MO
BYETTA 10 MCG PEN	2	ST; MO
BYETTA 5 MCG PEN	2	ST; MO
BYSTOLIC	3	MO
<i>cabergoline</i>	1	

Drug Name	Tier	Requirements/Limits
CADUET	3	MO
CALAN	3	MO
CALAN SR	3	MO
<i>calcipotriene external</i>	1	
<i>calcitonin (salmon)</i>	1	MO
<i>calcitriol external</i>	1	
<i>calcitriol intravenous*</i>	1	BD
<i>calcitriol oral</i>	1	MO
<i>calcium acetate oral capsule</i>	1	MO
CAMBIA	3	
<i>camila</i>	1	MO
CAMPTOSAR INTRAVENOUS* SOLUTION 100 MG/5ML	3	PA
CANASA	2	MO
CANCIDAS	3	BD
<i>candesartan cilexetil</i>	1	MO
<i>candesartan cilexetil-hctz</i>	1	MO
CANTIL	3	
CAPACET	3	PA; AL (Max 64 Years)
CAPASTAT SULFATE	3	
CAPEX	2	
CAPITAL/CODEINE	3	
CAPRELSA	3	PA; SP
<i>captopril oral</i>	1	MO
<i>captopril-hydrochlorothiazide</i>	1	MO
CARAC	2	
CARAFATE ORAL SUSPENSION	2	MO
CARAFATE ORAL TABLET	3	MO
CARBAGLU	3	PA
<i>carbamazepine er</i>	1	MO
<i>carbamazepine oral</i>	1	MO
CARBATROL	3	MO
<i>carbidopa-levodopa</i>	1	MO
<i>carbidopa-levodopa er</i>	1	MO
CARBIDOPA-LEVODOPA-ENTACAPONE	1	MO
<i>carbinoxamine maleate oral</i>	1	PA; AL (Max 64 Years)
<i>carboplatin intravenous* solution 150 mg/15ml</i>	1	BD

Drug Name	Tier	Requirements/Limits
CARDENE IV INTRAVENOUS* SOLUTION 20-0.86 MG/200ML-%	3	BD
CARDIZEM CD	3	MO
CARDIZEM LA	3	MO
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	MO
CARDURA	3	MO
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HR* 4 MG, 8 MG	3	MO
<i>careone insulin syringe 31g x 5/16" 0.3 ml</i>	1	
CARIMUNE NF INTRAVENOUS* SOLUTION RECONSTITUTED 6 GM	2	PA
<i>carisoprodol oral tablet 350 mg</i>	1	PA; AL (Max 64 Years)
CARNITOR INTRAVENOUS*	3	BD
CARNITOR ORAL	3	
<i>carteolol hcl</i>	1	MO
<i>cartia xt</i>	1	MO
<i>carvedilol</i>	1	MO
CASODEX	3	
CATAPRES	3	MO
CATAPRES-TTS-1	3	MO
CATAPRES-TTS-2	3	MO
CATAPRES-TTS-3	3	MO
CAYSTON	3	
CEDAX	3	
<i>cefaclor</i>	1	
CEFACLOR ER	3	
<i>cefadroxil</i>	1	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	1	
<i>cefdinir</i>	1	
<i>cefepime hcl injection</i>	1	
<i>cefepime-dextrose</i>	1	
<i>cefixime</i>	1	
<i>cefotaxime sodium injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	1	
CEFOTETAN DISODIUM	3	
<i>cefoxitin sodium</i>	1	

Drug Name	Tier	Requirements/Limits
<i>cefepodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm</i>	1	
CEFTIN	3	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 250 mg, 500 mg</i>	1	
<i>ceftriaxone sodium intravenous*</i>	1	
<i>cefuroxime axetil oral tablet</i>	1	
<i>cefuroxime sodium injection solution reconstituted 1.5 gm, 7.5 gm, 750 mg</i>	1	
CELEBREX	3	MO
<i>celecoxib oral</i>	1	MO
CELEXA	3	MO
CELLCEPT	3	BD; MO
CELLCEPT INTRAVENOUS	2	BD
CELONTIN	2	MO
<i>cephalexin</i>	1	
CERDELGA	3	PA
CEREBYX INJECTION SOLUTION 500 MG PE/10ML	3	
CEREZYME INTRAVENOUS* SOLUTION RECONSTITUTED 400 UNIT	2	PA; SP
<i>cervarix</i>	1	
CESAMET	3	PA
<i>cevimeline hcl</i>	1	MO
CHANTIX	2	
CHANTIX CONTINUING MONTH PAK	2	
CHANTIX STARTING MONTH PAK	2	
CHEMET	2	
CHENODAL	3	PA; SP
CHLORAMPHENICOL SOD SUCCINATE	3	
<i>chlordiazepoxide-amitriptyline</i>	1	PA; AL (Max 64 Years)
<i>chlorhexidine gluconate mouth/throat</i>	1	MO
<i>chloroquine phosphate oral</i>	1	MO
<i>chlorothiazide oral</i>	1	MO
<i>chlorothiazide sodium</i>	1	
CHLORPROMAZINE HCL INJECTION	3	

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>chlorpromazine hcl oral</i>	1	MO
CHLORPROPAMIDE	3	PA; MO; AL (Max 64 Years)
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
<i>chlorzoxazone oral</i>	1	PA; MO; AL (Max 64 Years)
<i>cholestyramine light oral packet</i>	1	MO
<i>chorionic gonadotropin intramuscular*</i>	1	PA
<i>ciclopirox</i>	1	
<i>ciclopirox olamine external</i>	1	
<i>cidofovir intravenous*</i>	1	BD
<i>cilostazol</i>	1	MO
CILOXAN	3	
<i>cimetidine hcl</i>	1	MO
<i>cimetidine oral</i>	1	MO
CIMZIA	3	PA
CIMZIA PREFILLED	3	PA
CINRYZE	2	PA; SP
CIPRO HC	3	
CIPRO ORAL SUSPENSION RECONSTITUTED	3	
CIPRO ORAL TABLET 250 MG, 500 MG	3	
CIPRO XR	3	
CIPRODEX	2	
<i>ciprofloxacin hcl ophthalmic</i>	1	
<i>ciprofloxacin hcl oral</i>	1	
<i>ciprofloxacin intravenous* solution 400 mg/40ml</i>	1	
<i>ciprofloxacin oral</i>	1	
<i>ciprofloxacin-ciproflox hcl er</i>	1	
<i>cisplatin intravenous* solution 100 mg/100ml</i>	1	PA
<i>citalopram hydrobromide</i>	1	MO
<i>cladribine</i>	1	PA
CLAFORAN INJECTION	3	
<i>claravis</i>	1	
CLARINEX	3	MO
CLARINEX-D 12 HOUR	3	MO
<i>clarithromycin er</i>	1	
<i>clarithromycin oral</i>	1	
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	PA; AL (Max 64 Years)

Drug Name	Tier	Requirements/Limits
CLEOCIN	3	
CLEOCIN IN D5W	3	
CLEOCIN PHOSPHATE INJECTION SOLUTION 900 MG/6ML	3	
CLEOCIN-T	3	
CLIMARA	3	PA; MO; AL (Max 64 Years)
CLIMARA PRO	3	PA; MO; AL (Max 64 Years)
CLINDACIN PAC	3	
CLINDAGEL	3	
<i>clindamax external</i>	1	
<i>clindamycin hcl oral capsule 150 mg, 75 mg</i>	1	
<i>clindamycin palmitate hcl</i>	1	
<i>clindamycin phos-benzoyl perox external 1-5 %</i>	1	
<i>clindamycin phosphate external</i>	1	
<i>clindamycin phosphate in d5w</i>	1	
<i>clindamycin phosphate intravenous* solution 600 mg/4ml</i>	1	
<i>clindamycin phosphate vaginal</i>	1	
CLINIMIX E/DEXTROSE (2.75/10)	2	BD
CLINIMIX E/DEXTROSE (2.75/5)	2	BD
CLINIMIX E/DEXTROSE (4.25/10)	2	BD
CLINIMIX E/DEXTROSE (4.25/25)	2	BD
CLINIMIX E/DEXTROSE (4.25/5)	2	BD
CLINIMIX E/DEXTROSE (5/15)	2	BD
CLINIMIX E/DEXTROSE (5/20)	2	BD
CLINIMIX E/DEXTROSE (5/25)	2	BD
CLINIMIX/DEXTROSE (2.75/5)	2	BD
CLINIMIX/DEXTROSE (4.25/10)	2	BD
CLINIMIX/DEXTROSE (4.25/20)	2	BD
CLINIMIX/DEXTROSE (4.25/25)	2	BD
CLINIMIX/DEXTROSE (4.25/5)	2	BD
CLINIMIX/DEXTROSE (5/15)	2	BD
CLINIMIX/DEXTROSE (5/20)	2	BD
CLINIMIX/DEXTROSE (5/25)	2	BD
<i>clinisol sf</i>	1	BD
<i>clobetasol propionate e</i>	1	
<i>clobetasol propionate external</i>	1	

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>clobetasol propionate external foam</i>	1	
<i>clobetasol propionate external liquid†</i>	1	
<i>clobetasol propionate external lotion</i>	1	
<i>clobetasol propionate external ointment</i>	1	
<i>clobetasol propionate external shampoo</i>	1	
<i>clobetasol propionate external solution</i>	1	
CLOBEX	3	
CLOBEX SPRAY	3	
<i>clodan external shampoo</i>	1	
CLODERM PUMP	3	
CLOLAR	3	PA
<i>clomipramine hcl oral</i>	1	PA; AL (Max 64 Years)
<i>clonazepam oral</i>	1	
<i>clonidine hcl er</i>	1	MO
<i>clonidine hcl oral</i>	1	MO
<i>clonidine hcl transdermal</i>	1	MO
<i>clopidogrel bisulfate</i>	1	MO
<i>clorazepate dipotassium</i>	1	
CLORPRES	3	MO
<i>clotrimazole external</i>	1	
<i>clotrimazole mouth/throat troche</i>	1	
<i>clotrimazole-betamethasone</i>	1	
<i>clozapine</i>	1	MO
CLOZARIL	3	MO
COARTEM	2	QL (24 EA per 30 days)
<i>codeine sulfate oral tablet</i>	1	
COGENTIN	3	
COLAZAL	3	
<i>colchicine oral</i>	1	
<i>colchicine-probenecid</i>	1	MO
COLCRYS	2	MO
COLESTID ORAL GRANULES	3	MO
COLESTID ORAL TABLET	3	MO
<i>colestipol hcl oral granules</i>	1	MO
<i>colestipol hcl oral tablet</i>	1	MO
<i>colistimethate sodium injection</i>	1	
<i>colocort</i>	1	

Drug Name	Tier	Requirements/Limits
COLYTE WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 240 GM	3	
COMBIGAN	2	MO
COMBIPATCH	2	PA; MO; AL (Max 64 Years)
COMBIVENT RESPIMAT	2	MO
COMBIVIR	3	MO
COMETRIQ (100 MG DAILY DOSE)	3	PA
COMETRIQ (140 MG DAILY DOSE)	3	PA
COMETRIQ (60 MG DAILY DOSE)	3	PA
COMPLERA	2	MO
<i>compro</i>	1	
COMTAN	3	MO
<i>comvax</i>	1	
CONCERTA	3	MO
CONDYLOX EXTERNAL	2	
<i>constulose</i>	1	MO
CONZIP	3	QL (30 EA per 30 days)
COPAXONE SUBCUTANEOUS* 20 MG/ML	3	
COPAXONE SUBCUTANEOUS* 40 MG/ML	2	
COPEGUS	3	PA
CORDARONE	3	MO
CORDRAN EXTERNAL TAPE	2	
COREG	3	MO
COREG CR	3	MO
CORGARD	3	MO
CORLANOR	3	PA; MO
<i>cormax scalp application</i>	1	
CORTEF	3	
CORTIFOAM	3	
<i>cortisone acetate oral</i>	1	MO
CORTISPORIN EXTERNAL	3	
CORZIDE	3	MO
COSENTYX	3	PA
COSENTYX SENSOREADY PEN	3	PA
COSMEGEN	3	PA
COSOPT	3	MO
COUMADIN ORAL	3	MO



Drug Name	Tier	Requirements/Limits
COZAAR	3	MO
CREON	2	MO
CRESTOR	2	MO
CRIXIVAN	2	MO
<i>cromolyn sodium inhalation</i>	1	BD; MO
<i>cromolyn sodium ophthalmic</i>	1	MO
<i>cromolyn sodium oral</i>	1	MO
<i>cryselle-28</i>	1	MO
CUBICIN	2	BD
CUPRIMINE	3	MO
<i>curity gauze pad 2"x2"</i>	1	
CUTIVATE EXTERNAL LOTION	3	MO
CUVPOSA	3	
<i>cyclafem 1/35</i>	1	MO
<i>cyclafem 7/7/7</i>	1	MO
CYCLESSA	3	MO
<i>cyclobenzaprine hcl oral</i>	1	PA; AL (Max 64 Years)
<i>cyclophosphamide oral capsule</i>	1	BD; MO
CYCLOSET	3	MO
<i>cyclosporine intravenous*</i>	1	BD
<i>cyclosporine modified</i>	1	BD; MO
<i>cyclosporine oral</i>	1	BD; MO
CYMBALTA	3	MO
<i>cyproheptadine hcl oral</i>	1	PA; MO; AL (Max 64 Years)
CYRAMZA	3	PA
CYSTADANE	2	
CYSTAGON	2	
CYSTARAN	2	PA
<i>cytarabine (pf) injection solution 100 mg/ml</i>	1	PA
<i>cytarabine injection solution</i>	1	PA
<i>cytarabine injection solution reconstituted 500 mg</i>	1	PA
CYTOMEL	3	MO
CYTOTEC	3	MO
CYTOVENE	3	PA
<i>dacarbazine intravenous* solution reconstituted 200 mg</i>	1	PA
DACOGEN	3	PA

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
DAKLINZA	3	PA
DALIRESP	3	MO
<i>danazol oral</i>	1	
<i>dantrolene sodium oral</i>	1	
<i>dapsone oral</i>	1	MO
<i>daptacel</i>	1	
DARAPRIM	2	
<i>daunorubicin hcl intravenous* injectable</i>	1	PA
DAYPRO	3	MO
DAYTRANA	3	MO
DDAVP	3	
DDAVP RHINAL TUBE	3	
<i>deblitane</i>	1	MO
<i>decitabine</i>	1	PA
DELESTROGEN INTRAMUSCULAR* OIL 10 MG/ML	2	
<i>delyla</i>	1	MO
DELZICOL	2	MO
DEMADEX ORAL TABLET 10 MG, 20 MG, 5 MG	3	MO
<i>demeclocycline hcl oral</i>	1	
DEMSER	3	MO
DENAVIR	3	
DEPACON	3	BD
DEPAKENE	3	MO
DEPAKOTE	3	MO
DEPAKOTE ER	3	MO
DEPAKOTE SPRINKLES	3	MO
DEPEN TITRATABS	2	
DEPO-ESTRADIOL	3	
DEPO-MEDROL	3	
DEPO-PROVERA	3	
DEPO-SUBQ PROVERA 104	3	
DEPO-TESTOSTERONE	3	PA
DERMATOP	3	
<i>desipramine hcl oral</i>	1	
<i>desloratadine</i>	1	MO
<i>desmopressin ace rhinal tube</i>	1	

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>desmopressin ace spray refrig</i>	1	
<i>desmopressin acetate injection</i>	1	
<i>desmopressin acetate oral</i>	1	MO
DESOGEN	3	MO
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	MO
<i>desonide external</i>	1	
DESOWEN EXTERNAL CREAM	3	
DESOWEN EXTERNAL LOTION	3	
<i>desoximetasone external</i>	1	
DESOXYN	3	MO
<i>desvenlafaxine er</i>	1	MO
DETROL	3	MO
DETROL LA	3	MO
DEXAMETHASONE INTENSOL	2	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 120 mg/30ml</i>	1	
<i>dexamethasone sodium phosphate ophthalmic</i>	1	
DEXEDRINE	3	MO
DEXILANT	3	ST; MO
<i>dexmethylphenidate hcl</i>	1	MO
<i>dexmethylphenidate hcl er</i>	1	MO
DEXPAK 13 DAY	3	
<i>dexrazoxane intravenous* solution reconstituted 250 mg</i>	1	
<i>dextroamphetamine sulfate er</i>	1	MO
<i>dextroamphetamine sulfate oral tablet</i>	1	MO
<i>dextrose in lactated ringers</i>	1	
<i>dextrose intravenous* solution 10 %, 5 %</i>	1	
<i>dextrose-nacl intravenous* solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.33 %, 5-0.45 %, 5-0.9 %</i>	1	
DIAMOX SEQUELS	3	MO
DIASTAT ACUDIAL	3	
DIASTAT PEDIATRIC	3	

Drug Name	Tier	Requirements/Limits
DIAZEPAM	3	
<i>diazepam intensol</i>	1	
<i>diazepam oral solution 1 mg/ml</i>	1	
<i>diazepam oral tablet</i>	1	
DIBENZYLINE	2	MO
DICLEGIS	2	
<i>diclofenac potassium</i>	1	MO
<i>diclofenac sodium er</i>	1	MO
<i>diclofenac sodium ophthalmic</i>	1	MO
<i>diclofenac sodium oral</i>	1	MO
<i>diclofenac sodium transdermal</i>	1	
<i>diclofenac-misoprostol</i>	1	MO
<i>dicloxacillin sodium</i>	1	
<i>dicyclomine hcl oral</i>	1	MO
<i>didanosine</i>	1	MO
DIFFERIN	3	
DIFICID	3	PA
<i>diflorasone diacetate external</i>	1	
DIFLUCAN	3	
<i>diflunisal oral</i>	1	MO
DIGITEK ORAL TABLET 125 MCG	3	MO; QL (30 EA per 30 days)
DIGITEK ORAL TABLET 250 MCG	3	PA; MO; AL (Max 64 Years)
<i>digoxin injection</i>	1	PA; AL (Max 64 Years)
<i>digoxin oral solution</i>	1	PA; MO; AL (Max 64 Years)
<i>digoxin oral tablet 0.125 mg</i>	1	MO; QL (30 EA per 30 days)
<i>digoxin oral tablet 250 mcg</i>	1	PA; MO; AL (Max 64 Years)
<i>dihydroergotamine mesylate injection</i>	1	
<i>dihydroergotamine mesylate nasal</i>	1	
DILANTIN INFATABS	3	MO
DILANTIN ORAL CAPSULE 100 MG	3	MO
DILANTIN ORAL CAPSULE 30 MG	2	MO
DILANTIN ORAL SUSPENSION	3	MO
DILAUDID INJECTION SOLUTION 2 MG/ML, 4 MG/ML	3	
DILAUDID ORAL LIQUID†	3	QL (2400 ML per 30 days)
DILAUDID ORAL TABLET	3	QL (180 EA per 30 days)
DILAUDID-HP INJECTION SOLUTION	3	

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>diltiazem hcl er beads oral capsule extended release 24 hour 180 mg, 360 mg, 420 mg</i>	1	MO
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg</i>	1	MO
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	1	MO
<i>diltiazem hcl intravenous* solution 50 mg/10ml</i>	1	
<i>diltiazem hcl intravenous* solution reconstituted</i>	1	
<i>diltiazem hcl oral</i>	1	MO
<i>dilt-xr</i>	1	MO
DIOVAN	3	MO
DIOVAN HCT	3	MO
DIPENTUM	3	MO
<i>diphenhydramine hcl injection</i>	1	
<i>diphenhydramine hcl oral elixir</i>	1	PA; AL (Max 64 Years)
<i>diphenoxylate-atropine</i>	1	
<i>diphtheria-tetanus toxoids dt</i>	1	
DIPROLENE	3	
DIPROLENE AF	3	
<i>dipyridamole oral</i>	1	PA; MO; AL (Max 64 Years)
<i>disopyramide phosphate oral</i>	1	PA; MO; AL (Max 64 Years)
<i>disulfiram oral</i>	1	MO
DITROPAN XL	3	MO
DIURIL	2	MO
<i>divalproex sodium</i>	1	MO
<i>divalproex sodium er</i>	1	MO
DIVIGEL TRANSDERMAL 0.5 MG/0.5GM	3	PA; MO; AL (Max 64 Years)
DOCEFREZ INTRAVENOUS* SOLUTION RECONSTITUTED 20 MG	3	PA
DOCETAXEL INTRAVENOUS* CONCENTRATE 80 MG/4ML	3	PA
DOCETAXEL INTRAVENOUS* SOLUTION 80 MG/8ML	3	PA
DOLOPHINE	3	
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	1	MO
<i>donepezil hcl oral tablet 23 mg</i>	1	ST; MO

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>donepezil hcl oral tablet dispersible</i>	1	MO
DORIBAX INTRAVENOUS* SOLUTION RECONSTITUTED 500 MG	3	
<i>dorzolamide hcl</i>	1	MO
<i>dorzolamide hcl-timolol mal</i>	1	MO
DOVONEX EXTERNAL CREAM	3	
<i>doxazosin mesylate</i>	1	MO
<i>doxepin hcl oral</i>	1	PA; AL (Max 64 Years)
<i>doxercalciferol intravenous*</i>	1	
<i>doxercalciferol oral</i>	1	ST; MO
DOXIL	3	PA
<i>doxorubicin hcl intravenous* solution</i>	1	PA
DOXY 100	3	
<i>doxycycline hyclate intravenous*</i>	1	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet</i>	1	
<i>doxycycline hyclate oral tablet delayed release</i>	1	
<i>doxycycline monohydrate</i>	1	
<i>dronabinol</i>	1	BD
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	1	MO
DROXIA	3	
DUAC	3	
DUAVEE	3	PA; MO; AL (Max 64 Years)
DUETACT	3	MO
DUEXIS	3	
DULERA	2	MO
<i>duloxetine hcl oral</i>	1	MO
DUOPA	3	PA; MO
DURAGESIC-100	3	QL (30 EA per 30 days)
DURAGESIC-12	3	QL (15 EA per 30 days)
DURAGESIC-25	3	QL (15 EA per 30 days)
DURAGESIC-50	3	QL (15 EA per 30 days)
DURAGESIC-75	3	QL (30 EA per 30 days)
<i>duramorph</i>	1	
DUREZOL	3	
DUTOPROL	2	MO

Drug Name	Tier	Requirements/Limits
DYAZIDE	3	MO
DYMISTA	3	
DYRENIUM	3	MO
E.E.S. 400	3	
<i>e.e.s. granules</i>	1	
EC-NAPROSYN	3	MO
<i>econazole nitrate external</i>	1	
EDARBI	3	MO
EDARBYCLOR	3	MO
EDECRIN	3	MO
EDLUAR	3	QL (30 EA per 30 days)
EDURANT	2	MO
EFFEXOR XR	3	MO
EFFIENT	2	MO
EFUDEX	3	
EGRIFTA SUBCUTANEOUS* SOLUTION RECONSTITUTED 2 MG	3	PA
ELDEPRYL	3	MO
ELESTAT	3	
ELESTRIN	3	PA; AL (Max 64 Years)
ELIDEL	2	
ELIGARD	2	PA
ELIPHOS	3	MO
ELIQUIS	2	MO
ELITEK INTRAVENOUS* SOLUTION RECONSTITUTED 1.5 MG	2	PA
ELIXOPHYLLIN	2	MO
ELLA	2	QL (1 EA per 30 days)
ELLECE INTRAVENOUS* SOLUTION 200 MG/100ML	3	PA
ELMIRON	2	
ELOCON	3	
ELOXATIN INTRAVENOUS* SOLUTION 100 MG/20ML	3	PA
EMADINE	3	
EMBEDA	2	QL (60 EA per 30 days)
EMCYT	2	
EMEND ORAL	2	BD

Drug Name	Tier	Requirements/Limits
EMLA	3	
<i>emoquette</i>	1	MO
EMSAM	2	PA
EMTRIVA	2	MO
ENABLEX	2	MO
<i>enalapril maleate oral</i>	1	MO
<i>enalapril-hydrochlorothiazide</i>	1	MO
ENBREL	2	PA
ENBREL SURECLICK	2	PA
<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
<i>engerix-b injection suspension 10 mcg/0.5ml</i>	3	BD
<i>engerix-b injection suspension 10 mcg/0.5ml, 20 mcg/ml</i>	1	BD
ENJUVIA ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG, 1.25 MG	3	PA; MO; AL (Max 64 Years)
<i>enoxaparin sodium</i>	1	
<i>enpresse-28</i>	1	MO
<i>entacapone</i>	1	MO
<i>entecavir</i>	1	MO
ENTOCORT EC	3	
ENTRESTO	3	PA; MO
<i>enulose</i>	1	MO
EPANED	3	
EPIDUO	3	
EPIDUO FORTE	3	
<i>epinastine hcl</i>	1	
EPIPEN 2-PAK	2	
EPIPEN JR 2-PAK	2	
<i>epirubicin hcl intravenous* solution 50 mg/25ml</i>	1	PA
<i>epitol</i>	1	MO
EPIVIR	3	MO
EPIVIR HBV ORAL SOLUTION	2	MO
EPIVIR HBV ORAL TABLET	3	MO
<i>eplerenone</i>	1	MO
EPOGEN	2	PA
<i>eprosartan mesylate</i>	1	MO



Drug Name	Tier	Requirements/Limits
EPZICOM	2	MO
EQUETRO	3	MO
ERAXIS INTRAVENOUS* SOLUTION RECONSTITUTED 100 MG	3	
<i>ergoloid mesylates oral</i>	1	
ERGOMAR	2	
ERIVEDGE	3	PA; SP
<i>errin</i>	1	MO
ERTACZO	3	
ERWINAZE	3	PA
<i>ery</i>	3	
ERYPED 200	3	
ERYPED 400	3	
ERY-TAB	3	MO
ERYTHROCIN LACTOBIONATE INTRAVENOUS* SOLUTION RECONSTITUTED 500 MG	3	
ERYTHROCIN STEARATE	3	MO
<i>erythromycin base oral tablet</i>	1	
<i>erythromycin ethylsuccinate oral</i>	1	
<i>erythromycin external</i>	1	
<i>erythromycin external solution</i>	1	
<i>erythromycin ophthalmic</i>	1	
ESBRIET	3	PA
<i>escitalopram oxalate</i>	1	MO
ESGIC ORAL TABLET	3	PA; AL (Max 64 Years)
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>	1	ST; MO
ESOMEPRAZOLE MAGNESIUM ORAL CAPSULE DELAYED RELEASE 40 MG	3	ST
<i>esomeprazole sodium</i>	1	
<i>estazolam</i>	1	
ESTRACE ORAL	3	PA; MO; AL (Max 64 Years)
ESTRACE VAGINAL	2	MO
<i>estradiol oral</i>	1	PA; MO; AL (Max 64 Years)
<i>estradiol transdermal</i>	1	PA; MO; AL (Max 64 Years)
<i>estradiol valerate intramuscular* oil 20 mg/ml, 40 mg/ml</i>	1	

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>estradiol-norethindrone acet</i>	1	PA; MO; AL (Max 64 Years)
ESTRING	2	MO
<i>estropipate oral</i>	1	PA; MO; AL (Max 64 Years)
ESTROSTEP FE	3	MO
<i>eszopiclone</i>	1	QL (30 EA per 30 days)
<i>ethambutol hcl oral</i>	1	
<i>ethosuximide oral</i>	1	MO
<i>etidronate disodium</i>	1	
<i>etodolac er</i>	1	MO
<i>etodolac oral</i>	1	MO
ETOPOPHOS	3	
<i>etoposide intravenous* solution 500 mg/25ml</i>	1	
EURAX	2	
EVAMIST	3	PA; MO; AL (Max 64 Years)
EVISTA	3	MO
EVOCLIN	3	
EVOTAZ	3	
EVOXAC	3	MO
EVZIO	3	PA
EXALGO	3	QL (30 EA per 30 days)
<i>excel comfort point pen needle 31g x 8 mm</i>	1	
EXELDERM	3	
EXELON ORAL CAPSULE	3	MO
EXELON TRANSDERMAL	2	MO
<i>exemestane</i>	1	MO
EXFORGE	3	MO
EXFORGE HCT	3	MO
EXJADE	3	PA; SP
EXTAVIA	3	PA
EXTINA	3	
FABIOR	2	PA
FABRAZYME INTRAVENOUS* SOLUTION RECONSTITUTED 35 MG	3	PA; SP
<i>falmina</i>	1	MO
<i>famciclovir oral tablet 125 mg, 250 mg</i>	1	MO; QL (60 EA per 30 days)
<i>famciclovir oral tablet 500 mg</i>	1	MO; QL (90 EA per 30 days)
<i>famotidine intravenous* solution 20 mg/2ml</i>	1	

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>famotidine oral suspension reconstituted</i>	1	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
FAMVIR ORAL TABLET 125 MG, 250 MG	3	QL (60 EA per 30 days)
FAMVIR ORAL TABLET 500 MG	3	QL (90 EA per 30 days)
FANAPT	3	MO
FANAPT TITRATION PACK	3	
FARESTON	2	MO
FARYDAK	3	PA
FASLODEX	2	PA
FAZACLO	3	MO
<i>felbamate</i>	1	MO
FELBATOL	3	MO
FELDENE	3	
<i>felodipine er</i>	1	MO
FEMARA	3	MO
FEMCON FE	3	MO
FEMHRT LOW DOSE	3	MO
FEMRING	3	
<i>fenofibrate micronized</i>	1	MO
<i>fenofibrate oral</i>	1	MO
<i>fenofibric acid oral capsule delayed release</i>	1	MO
FENOGLIDE	3	MO
FENOPROFEN CALCIUM ORAL	2	MO
<i>fentanyl citrate buccal</i>	1	PA; QL (120 EA per 30 days)
<i>fentanyl transdermal patch 72 hr 100 mcg/hr, 75 mcg/hr</i>	1	QL (30 EA per 30 days)
<i>fentanyl transdermal patch 72 hr 12 mcg/hr, 25 mcg/hr, 50 mcg/hr</i>	1	QL (15 EA per 30 days)
FENTORA	3	PA
FERRIPROX	3	PA; SP
FETZIMA	3	
FETZIMA TITRATION	3	
FEXMID	3	PA; AL (Max 64 Years)
FIBRICOR	3	MO
FINACEA	2	
<i>finasteride oral tablet 5 mg</i>	1	MO
FIORICET ORAL CAPSULE	3	PA; AL (Max 64 Years)

Drug Name	Tier	Requirements/Limits
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	3	PA; AL (Max 64 Years)
FIORINAL	3	PA; AL (Max 64 Years)
FIORINAL/CODEINE #3	3	PA; AL (Max 64 Years)
FIRAZYR	2	PA; SP
FIRMAGON	2	PA
FLAGYL	3	
FLAREX	2	
<i>flavoxate hcl</i>	1	MO
FLEBOGAMMA DIF INTRAVENOUS* SOLUTION 5 GM/50ML	2	PA
<i>flecainide acetate</i>	1	MO
FLECTOR	2	PA; MO
FLOMAX	3	MO
FLO-PRED	3	
FLOVENT DISKUS	2	MO
FLOVENT HFA	2	MO
<i>fluconazole in dextrose intravenous* solution 400 mg/200ml</i>	1	
<i>fluconazole oral</i>	1	
<i>flucytosine oral</i>	1	
<i>fludarabine phosphate intravenous* solution reconstituted</i>	1	PA
<i>fludrocortisone acetate oral</i>	1	MO
FLUMADINE	3	
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	1	MO
<i>fluocinolone acetonide body</i>	1	
<i>fluocinolone acetonide external</i>	1	
<i>fluocinolone acetonide otic</i>	1	
<i>fluocinonide external</i>	1	
<i>fluocinonide external cream 0.1 %</i>	1	
<i>fluocinonide external ointment</i>	1	
<i>fluocinonide external solution</i>	1	
<i>fluocinonide-e</i>	1	
<i>fluorometholone ophthalmic</i>	1	
<i>fluorouracil external</i>	1	

Drug Name	Tier	Requirements/Limits
<i>fluorouracil intravenous* solution 2.5 gm/50ml</i>	1	
<i>fluoxetine hcl oral capsule</i>	1	MO
<i>fluoxetine hcl oral capsule delayed release</i>	1	MO
<i>fluoxetine hcl oral solution</i>	1	MO
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	1	MO
FLUOXETINE HCL ORAL TABLET 60 MG	2	MO
<i>fluphenazine decanoate injection</i>	1	BD
<i>fluphenazine hcl injection</i>	1	BD
<i>fluphenazine hcl oral</i>	1	MO
<i>flurbiprofen oral</i>	1	MO
<i>flurbiprofen sodium</i>	1	
<i>flutamide</i>	1	MO
<i>fluticasone propionate external cream</i>	1	
<i>fluticasone propionate external lotion</i>	1	MO
<i>fluticasone propionate external ointment</i>	1	
<i>fluticasone propionate nasal</i>	1	MO
<i>fluvastatin sodium</i>	1	MO
<i>fluvoxamine maleate</i>	1	MO
<i>fluvoxamine maleate er</i>	1	MO
FML	2	
FML FORTE	2	
FML LIQUIFILM	3	
FOCALIN	3	MO
FOCALIN XR	3	MO
FOLOTYN INTRAVENOUS* SOLUTION 40 MG/2ML	2	PA
<i>fomepizole intravenous* solution 1 gm/ml</i>	1	
<i>fondaparinux sodium</i>	1	
FORADIL AEROLIZER	2	MO
FORFIVO XL	3	MO
FORTAMET	3	MO
FORTAZ INJECTION SOLUTION RECONSTITUTED 2 GM, 6 GM	3	
FORTAZ INTRAVENOUS*	3	
FORTEO	2	PA; MO
FORTESTA	3	PA
FORTICAL	2	MO

Drug Name	Tier	Requirements/Limits
FOSAMAX ORAL TABLET 70 MG	3	MO
FOSAMAX PLUS D	2	MO
<i>fosinopril sodium</i>	1	MO
<i>fosinopril sodium-hctz</i>	1	MO
<i>fosphenytoin sodium injection solution 100 mg pe/2ml</i>	1	
FOSRENOL	2	MO
FRAGMIN SUBCUTANEOUS* SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	2	
FREAMINE HBC	2	BD
FROVA	3	
FULYZAQ	3	PA
FURADANTIN	3	QL (400 ML per 10 days)
<i>furosemide injection</i>	1	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	MO
<i>furosemide oral tablet</i>	1	MO
FUSILEV	3	
FUZEON SUBCUTANEOUS* SOLUTION RECONSTITUTED	2	MO
FYCOMPA	3	PA
<i>gabapentin oral</i>	1	MO
GABITRIL ORAL TABLET 12 MG, 16 MG	2	MO
GABITRIL ORAL TABLET 2 MG, 4 MG	3	MO
<i>galantamine hydrobromide</i>	1	MO
<i>galantamine hydrobromide er</i>	1	MO
GAMASTAN S/D	2	PA
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	2	PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML	2	PA
GAMMAPLEX INTRAVENOUS* SOLUTION 10 GM/200ML	2	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	2	PA
<i>ganciclovir sodium</i>	1	PA
<i>garamycin ophthalmic solution</i>	3	

Drug Name	Tier	Requirements/Limits
<i>gardasil</i>	1	
<i>gardasil 9</i>	1	
GASTROCROM	3	
<i>gatifloxacin</i>	1	
GATTEX	3	PA; SP
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n with flavor pack</i>	1	
GELNIQUE	3	MO
<i>gemcitabine hcl intravenous* solution reconstituted 1 gm</i>	1	PA
<i>gemfibrozil oral</i>	1	MO
GEMZAR INTRAVENOUS* SOLUTION RECONSTITUTED 1 GM	3	PA
GENERESS FE	3	MO
<i>generlac</i>	1	MO
<i>gengraf</i>	1	BD; MO
GENOTROPIN	2	PA
GENOTROPIN MINIQUICK	2	PA
<i>gentak</i>	1	
<i>gentamicin in saline intravenous* solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%</i>	1	BD
<i>gentamicin in saline intravenous* solution 0.9-0.9 mg/ml-%, 1.2-0.9 mg/ml-%</i>	1	
<i>gentamicin sulfate external</i>	1	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	1	BD
<i>gentamicin sulfate intravenous*</i>	1	BD
<i>gentamicin sulfate ophthalmic</i>	1	
GEODON INTRAMUSCULAR*	3	BD
GEODON ORAL	3	MO
GIAZO	3	
<i>gildagia</i>	1	MO
<i>gildess 1.5/30</i>	1	MO
<i>gildess 24 fe</i>	1	MO
GILENYA	2	MO
GILOTRIF	3	PA; SP
GLASSIA	3	PA; SP
<i>glatopa</i>	1	

Drug Name	Tier	Requirements/Limits
GLEEVEC	2	PA; MO
<i>glimepiride</i>	1	MO
<i>glipizide er</i>	1	MO
<i>glipizide oral</i>	1	MO
<i>glipizide-metformin hcl</i>	1	MO
<i>global alcohol prep ease</i>	1	
GLUCAGEN HYPOKIT	2	
<i>glucagon emergency</i>	1	
GLUCOPHAGE	3	MO
GLUCOPHAGE XR	3	MO
GLUCOTROL	3	MO
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HR* 2.5 MG, 5 MG	3	MO
GLUMETZA	3	MO
<i>glycopyrrolate injection solution 4 mg/20ml</i>	1	MO
<i>glycopyrrolate oral</i>	1	MO
GLYSET	2	MO
GLYXAMBI	3	ST; MO
GOLYTELY	3	
GRALISE	3	
GRALISE STARTER	3	
<i>granisetron hcl intravenous* solution 0.1 mg/ml, 1 mg/ml</i>	1	BD
<i>granisetron hcl oral</i>	1	BD
GRANIX	3	PA
GRASTEK	3	PA
<i>griseofulvin microsize oral</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
GRIS-PEG	3	
<i>guanfacine hcl er</i>	1	PA; MO; AL (Max 64 Years)
<i>guanfacine hcl oral</i>	1	PA; MO; AL (Max 64 Years)
<i>guanidine hcl oral</i>	1	
GYNAZOLE-1	3	
HALAVEN	2	PA
HALDOL	3	BD
HALDOL DECANOATE	3	BD
<i>halobetasol propionate</i>	1	



Drug Name	Tier	Requirements/Limits
HALOG	2	
<i>haloperidol decanoate intramuscular*</i>	1	BD
<i>haloperidol lactate injection</i>	1	BD
<i>haloperidol lactate oral</i>	1	
<i>haloperidol oral</i>	1	MO
HARVONI	2	PA
<i>havrix</i>	1	
HECTOROL INTRAVENOUS* SOLUTION 4 MCG/2ML	3	
HECTOROL ORAL	3	ST; MO
HEMANGEOL	3	PA
<i>heparin (porcine) in d5w</i>	1	BD
<i>heparin sod (porcine) in d5w</i>	1	BD
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	1	BD
<i>hepatamine</i>	1	BD
HEPSERA	3	MO
HERCEPTIN	3	PA
HETLIOZ	3	PA; SP
HEXALEN	2	
HIPREX	3	
HORIZANT	3	MO
HP ACTHAR	3	PA
HUMALOG	2	MO
HUMALOG KWIKPEN	2	MO
HUMALOG MIX 50/50	2	MO
HUMALOG MIX 50/50 KWIKPEN	2	MO
HUMALOG MIX 75/25	2	MO
HUMALOG MIX 75/25 KWIKPEN	2	MO
HUMATROPE	2	PA
HUMIRA	2	PA
HUMIRA PEN-CROHNS STARTER	2	PA
HUMULIN 70/30	2	MO
HUMULIN 70/30 KWIKPEN	2	MO
HUMULIN N	2	MO
HUMULIN N KWIKPEN	2	MO
HUMULIN R	2	MO

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
HUMULIN R U-500 (CONCENTRATED)	2	MO
HYCAMTIN INTRAVENOUS*	3	
HYCET	3	
<i>hydralazine hcl injection</i>	1	
<i>hydralazine hcl oral</i>	1	MO
HYDREA	3	
<i>hydrochlorothiazide oral</i>	1	MO
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	1	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	1	
<i>hydrocortisone butyr lipo base</i>	1	
<i>hydrocortisone butyrate external ointment</i>	1	
<i>hydrocortisone butyrate external solution</i>	1	
<i>hydrocortisone enema</i>	1	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone external lotion 2.5 %</i>	1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone oral</i>	1	
<i>hydrocortisone valerate</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
<i>hydromorphone hcl er</i>	1	QL (30 EA per 30 days)
<i>hydromorphone hcl oral liquid†</i>	1	QL (2400 ML per 30 days)
<i>hydromorphone hcl oral tablet</i>	1	QL (180 EA per 30 days)
<i>hydromorphone hcl pf injection solution 500 mg/50ml</i>	1	
<i>hydroxychloroquine sulfate oral</i>	1	MO
<i>hydroxyurea oral</i>	1	MO
<i>hyperrab s/d</i>	1	BD
HYZAAR	3	MO
<i>ibandronate sodium intravenous*</i>	1	PA
<i>ibandronate sodium oral</i>	1	MO
IBRANCE	3	PA
<i>ibuprofen oral suspension</i>	1	

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
ICLUSIG	3	PA
IDAMYCIN PFS INTRAVENOUS* SOLUTION 20 MG/20ML	3	PA
<i>idarubicin hcl intravenous* solution 10 mg/10ml</i>	1	PA
IFEX INTRAVENOUS* SOLUTION RECONSTITUTED 1 GM	3	PA
<i>ifosfamide intravenous* solution reconstituted 1 gm</i>	1	PA
ILARIS	3	PA; SP
ILEVRO	2	
ILOTYCIN	3	
IMBRUVICA	3	PA; SP
<i>imipenem-cilastatin</i>	1	
<i>imipramine hcl oral</i>	1	PA; AL (Max 64 Years)
<i>imipramine pamoate</i>	3	PA; AL (Max 64 Years)
<i>imiquimod external</i>	1	PA
IMITREX	3	
IMITREX STATDOSE REFILL	3	
<i>imovax rabies</i>	1	
IMURAN	3	BD; MO
INCRELEX	3	PA
INCRUSE ELLIPTA	3	MO
<i>indapamide oral</i>	1	MO
INDERAL LA	3	MO
INDOCIN ORAL	3	PA; MO; AL (Max 64 Years)
<i>indomethacin er</i>	1	PA; MO; AL (Max 64 Years)
<i>indomethacin oral</i>	1	PA; MO; AL (Max 64 Years)
<i>infanrix</i>	1	
INLYTA	3	PA; SP
INNOPRAN XL	3	MO
INSPRA	3	MO
INTELENCE	2	MO
INTERMEZZO	3	QL (30 EA per 30 days)
<i>intralipid intravenous* emulsion 20 %</i>	1	

Drug Name	Tier	Requirements/Limits
INTRALIPID INTRAVENOUS* EMULSION 30 %	3	
INTRON A INJECTION SOLUTION 6000000 UNIT/ML	2	PA
INTRON A INJECTION SOLUTION RECONSTITUTED	2	PA
<i>introvale</i>	1	
INTUNIV	3	PA; MO; AL (Max 64 Years)
INVANZ INJECTION	2	
INVEGA	2	MO
INVEGA SUSTENNA	2	BD
INVEGA TRINZA	3	PA
INVIRASE	2	MO
INVOKAMET	2	MO
INVOKANA	2	MO
IONOSOL-B IN D5W	3	
IONOSOL-MB IN D5W	3	
IOPIDINE OPHTHALMIC SOLUTION 0.5 %	3	MO
IOPIDINE OPHTHALMIC SOLUTION 1 %	2	MO
<i>ipol</i>	1	
<i>ipratropium bromide inhalation</i>	1	BD; MO
<i>ipratropium bromide nasal</i>	1	MO
<i>ipratropium-albuterol</i>	1	BD; MO
<i>irbesartan</i>	1	MO
<i>irbesartan-hydrochlorothiazide</i>	1	MO
IRENKA	3	MO
<i>irinotecan hcl intravenous* solution 100 mg/5ml</i>	1	PA
ISENTRESS	2	MO
ISOLYTE-P IN D5W	3	
ISOLYTE-S	3	
ISONIAZID INJECTION	3	
<i>isoniazid oral</i>	1	MO
ISOPTO CARPINE	3	MO
ISORDIL TITRADOSE	3	MO
<i>isosorbide dinitrate er</i>	1	MO
<i>isosorbide dinitrate oral</i>	1	MO
<i>isosorbide mononitrate</i>	1	MO

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>isosorbide mononitrate er</i>	1	MO
<i>isradipine</i>	1	MO
ISTALOL	3	MO
ISTODAX	3	PA
<i>itraconazole oral</i>	1	PA
<i>ivermectin oral</i>	1	
IXEMPRA KIT INTRAVENOUS* SOLUTION RECONSTITUTED 45 MG	2	PA
<i>ixiaro</i>	1	
JADENU	3	PA
JAKAFI	3	PA
JALYN	3	MO
<i>jantoven</i>	1	MO
JANUMET	2	MO
JANUMET XR	2	MO
JANUVIA	2	MO
JARDIANCE	3	PA; MO
JENTADUETO	2	MO
JEVTANA	2	PA
JINTELI	3	MO
<i>jolivette</i>	1	MO
JUBLIA	3	PA
<i>junel 1.5/30</i>	1	MO
<i>junel 1/20</i>	1	MO
<i>junel fe 1.5/30</i>	1	MO
<i>junel fe 1/20</i>	1	MO
<i>junel fe 24</i>	1	MO
JUXTAPID	3	PA
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 100 MG, 20 MG, 200 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG	3	QL (60 EA per 30 days)
KALETRA	2	MO
KALYDECO	2	PA
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HR*	3	MO
<i>kariva</i>	1	MO
KAYEXALATE	3	MO

Drug Name	Tier	Requirements/Limits
KAZANO	3	MO
<i>kcl in dextrose-nacl intravenous* solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.225 meq/l-%-%, 20-5-0.33 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>	1	
KEFLEX ORAL CAPSULE 250 MG	3	
<i>kelnor 1/35</i>	1	MO
KENALOG	3	
KEPIVANCE	3	
KEPPRA ORAL	3	MO
KEPPRA XR	3	MO
KERYDIN	3	PA
KETEK	2	
<i>ketoconazole external</i>	1	
<i>ketoconazole oral</i>	1	PA
KETOPROFEN ER	2	MO
<i>ketoprofen oral</i>	1	MO
<i>ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml</i>	1	
<i>ketorolac tromethamine ophthalmic</i>	1	
<i>ketorolac tromethamine oral</i>	1	PA; QL (20 EA per 5 days); AL (Max 64 Years)
KEYTRUDA	3	PA
<i>kimidess</i>	1	MO
KINERET	3	PA
<i>kionex oral powder</i>	1	MO
KLONOPIN	3	
<i>klor-con 10</i>	1	MO
KLOR-CON M15	3	MO
<i>klor-con m20</i>	1	MO
<i>klor-con oral tablet extendedrelease*</i>	1	MO
KOMBIGLYZE XR	2	MO
KORLYM	2	PA; SP
KRISTALOSE	3	MO
K-TAB	3	MO
K-TABS	3	MO
KUVAN ORAL PACKET 500 MG	2	PA

Drug Name	Tier	Requirements/Limits
KUVAN ORAL TABLET SOLUBLE	2	PA
KYNAMRO	3	PA; SP
<i>labetalol hcl intravenous*</i>	1	
<i>labetalol hcl oral</i>	1	MO
LACRISERT	2	MO
<i>lactated ringers</i>	1	
<i>lactulose oral solution 10 gm/15ml</i>	1	MO
LAMICTAL ODT ORAL TABLET DISPERSIBLE	3	MO
LAMICTAL ORAL TABLET	3	MO
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	3	MO
LAMICTAL STARTER	3	
LAMICTAL XR ORAL KIT	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HR*	3	MO
LAMISIL ORAL PACKET	3	PA
LAMISIL ORAL TABLET	3	
<i>lamivudine</i>	1	MO
<i>lamivudine-zidovudine</i>	1	MO
<i>lamotrigine er</i>	1	MO
<i>lamotrigine oral</i>	1	MO
LANOXIN INJECTION	3	PA; AL (Max 64 Years)
LANOXIN ORAL TABLET 0.0625 MG, 0.125 MG	3	MO; QL (30 EA per 30 days)
LANOXIN ORAL TABLET 0.25 MG, 187.5 MCG	3	PA; MO; AL (Max 64 Years)
<i>lansoprazole oral capsule delayed release</i>	1	ST; MO
LANTUS	2	MO
LANTUS SOLOSTAR	2	MO
<i>larin 1.5/30</i>	1	MO
<i>larin 1/20</i>	1	MO
<i>larin fe 1.5/30</i>	1	MO
<i>larin fe 1/20</i>	1	MO
LASIX	3	MO
LASTACAPT	3	
<i>latanoprost ophthalmic</i>	1	MO
LATUDA	3	MO

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>layolis fe</i>	1	MO
LAZANDA	3	PA
<i>leflunomide oral</i>	1	MO
LENVIMA 10 MG DAILY DOSE	3	PA
LENVIMA 14 MG DAILY DOSE	3	PA
LENVIMA 20 MG DAILY DOSE	3	PA
LENVIMA 24 MG DAILY DOSE	3	PA
LESCOL	3	MO
LESCOL XL	3	MO
<i>lessina</i>	1	MO
LETAIRIS	2	PA; SP
<i>letrozole oral</i>	1	MO
<i>leucovorin calcium injection solution reconstituted 100 mg, 350 mg</i>	1	
<i>leucovorin calcium oral</i>	1	
LEUKERAN	2	
LEUKINE INTRAVENOUS*	2	PA
<i>leuprolide acetate injection</i>	1	PA
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml</i>	1	BD
LEVAQUIN INTRAVENOUS* SOLUTION 750 MG/150ML	3	
LEVAQUIN ORAL	3	
LEVEMIR	2	MO
LEVEMIR FLEXTOUCH	2	MO
<i>levetiracetam er</i>	1	MO
<i>levetiracetam in nacl</i>	1	
<i>levetiracetam intravenous*</i>	1	
<i>levetiracetam oral</i>	1	MO
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	MO
<i>levocarnitine intravenous*</i>	1	BD
<i>levocarnitine oral solution</i>	1	
<i>levocarnitine oral tablet</i>	1	
<i>levocetirizine dihydrochloride oral</i>	1	MO
<i>levofloxacin intravenous*</i>	1	
<i>levofloxacin ophthalmic</i>	1	
<i>levofloxacin oral</i>	1	



<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>levoleucovorin calcium</i>	1	
<i>levonest</i>	1	MO
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 &amp; 0.01 mg, 0.15-0.03 mg</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 90-20 mcg</i>	1	MO
<i>levora 0.15/30 (28)</i>	1	MO
LEVORPHANOL TARTRATE ORAL	3	
<i>levothyroxine sodium intravenous*</i>	3	
LEVOTHYROXINE SODIUM INTRAVENOUS*	3	
<i>levothyroxine sodium oral</i>	1	MO
<i>levoxyl</i>	1	MO
LEXAPRO	3	MO
LEXIVA	2	MO
LIALDA	3	MO
<i>lidocaine external ointment</i>	1	MO
<i>lidocaine external patch</i>	1	PA; MO
<i>lidocaine hcl (pf) injection solution 0.5 %</i>	1	
<i>lidocaine hcl external</i>	1	MO
<i>lidocaine hcl external solution</i>	1	MO
<i>lidocaine hcl injection solution 2 %</i>	1	
<i>lidocaine viscous</i>	1	
<i>lidocaine-prilocaine external cream</i>	1	
LIDODERM	3	PA; MO
LINCOCIN	3	
<i>lindane external</i>	1	
<i>linezolid</i>	1	PA
LINZESS	3	
<i>liothyronine sodium intravenous*</i>	1	
<i>liothyronine sodium oral</i>	1	MO
LIPITOR	3	MO
LIPOFEN	3	MO
LIPOSYN III INTRAVENOUS* EMULSION 10 %, 20 %	3	
LIPTRUZET	3	
<i>lisinopril oral</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>lithium</i>	1	MO
<i>lithium carbonate er</i>	1	MO
<i>lithium carbonate oral</i>	1	MO
LITHOBID	3	MO
LIVALO	3	MO
LO LOESTRIN FE	3	MO
LOCOID	3	
LODOSYN	3	MO
LOESTRIN 1.5/30 (21)	3	MO
LOESTRIN 1/20 (21)	3	MO
LOESTRIN FE 1.5/30	3	MO
LOESTRIN FE 1/20	3	MO
LOFIBRA	3	MO
<i>lokara</i>	1	
LOMEDIA 24 FE	3	MO
LOMOTIL	3	
<i>lomustine</i>	1	
<i>loperamide hcl oral capsule</i>	1	
LOPID	3	MO
<i>lopreeza</i>	1	PA; MO; AL (Max 64 Years)
LOPRESSOR HCT ORAL TABLET 50-25 MG	3	MO
LOPRESSOR ORAL TABLET 100 MG	3	MO
LOPROX EXTERNAL SHAMPOO	3	
<i>lorazepam oral tablet</i>	1	
<i>lorcet plus oral tablet 7.5-325 mg</i>	1	
<i>loryna</i>	1	MO
<i>losartan potassium</i>	1	MO
<i>losartan potassium-hctz</i>	1	MO
LOSEASONIQUE	3	
LOTEMAX	2	
LOTENSIN ORAL TABLET 20 MG, 40 MG	3	MO
LOTREL	3	MO
LOTRISONE	3	
LOTRONEX	2	MO
<i>lovastatin</i>	1	MO
LOVAZA	3	MO

Drug Name	Tier	Requirements/Limits
LOVENOX	3	
<i>low-ogestrel</i>	1	MO
<i>loxapine succinate oral</i>	1	MO
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	2	MO
LUMIZYME	2	PA
LUNESTA	3	QL (30 EA per 30 days)
LUPANETA PACK	3	BD
LUPRON DEPOT	2	PA
LUPRON DEPOT-PED INTRAMUSCULAR* KIT 11.25 MG, 15 MG	2	PA
<i>lutera</i>	1	MO
LYNPARZA	3	PA
LYRICA	2	MO
LYSODREN	2	MO
LYSTEDA	3	
<i>lyza</i>	1	MO
MACROBID	3	QL (20 EA per 10 days)
MACRODANTIN	3	QL (40 EA per 10 days)
<i>magnesium sulfate injection solution 50 %</i>	1	
MALARONE	3	MO
<i>malathion external</i>	1	
<i>maprotiline hcl</i>	1	
<i>margesic</i>	1	PA; AL (Max 64 Years)
MARINOL	3	BD
<i>marlissa</i>	1	MO
MARPLAN	2	
MATULANE	2	
<i>matzim la</i>	1	MO
MAVIK	3	MO
MAXALT	3	
MAXALT-MLT	3	
MAXIDEX	2	
MAXIPIME INJECTION	3	
MAXITROL	3	
MAXZIDE	3	MO
MAXZIDE-25	3	MO
<i>meclizine hcl oral tablet</i>	1	MO

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>meclofenamate sodium oral</i>	1	MO
MEDROL	3	
MEDROL (PAK)	3	
<i>medroxyprogesterone acetate intramuscular*</i>	1	
<i>medroxyprogesterone acetate oral</i>	1	MO
<i>mefenamic acid oral</i>	1	
<i>mefloquine hcl</i>	1	MO
MEGACE ES	3	MO
MEGACE ORAL	3	MO
<i>megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml</i>	1	MO
<i>megestrol acetate oral tablet</i>	1	MO
MEKINIST	3	PA; SP
<i>meloxicam oral</i>	1	MO
<i>melphalan hcl</i>	1	PA
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	1	MO
<i>memantine hcl oral tablet 5 (28)-10 (21) mg</i>	1	
<i>menactra</i>	1	
MENEST	3	PA; MO; AL (Max 64 Years)
<i>menomune</i>	1	
MENOSTAR	2	PA; MO; AL (Max 64 Years)
MENTAX	3	
<i>menveo</i>	1	
<i>meprobamate</i>	1	PA; MO; AL (Max 64 Years)
MEPRON	3	
<i>mercaptopurine oral</i>	1	MO
<i>meropenem intravenous* solution reconstituted 500 mg</i>	1	
MERREM INTRAVENOUS* SOLUTION RECONSTITUTED 500 MG	3	
<i>mesalamine-cleanser</i>	1	MO
<i>mesna</i>	1	PA
MESNEX INTRAVENOUS*	3	PA
MESNEX ORAL	2	
MESTINON ORAL SYRUP	2	MO
MESTINON ORAL TABLET	3	MO
MESTINON ORAL TABLET EXTENDEDRELEASE*	3	MO

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
METADATE CD	3	MO
<i>metadate er</i>	1	MO
<i>metaproterenol sulfate oral</i>	1	MO
<i>metaxalone</i>	1	PA; AL (Max 64 Years)
<i>metformin hcl er</i>	1	MO
<i>metformin hcl er (osm) oral tablet extended release 24 hr* 1000 mg</i>	1	MO
<i>metformin hcl oral</i>	1	MO
<i>methadone hcl injection</i>	1	
<i>methadone hcl oral solution</i>	1	
<i>methadone hcl oral tablet</i>	1	
<i>methamphetamine hcl</i>	1	MO
<i>methazolamide oral</i>	1	MO
<i>methenamine hippurate</i>	1	MO
<i>methimazole oral</i>	1	MO
METHITEST	2	PA; MO
<i>methotrexate oral</i>	1	BD; MO
<i>methotrexate sodium (pf) injection solution 1 gm/40ml</i>	1	BD
<i>methotrexate sodium injection solution reconstituted</i>	1	BD
<i>methoxsalen rapid</i>	1	
<i>methscopolamine bromide oral</i>	1	
<i>methyclothiazide oral</i>	1	MO
<i>methyl dopa oral</i>	1	PA; MO; AL (Max 64 Years)
<i>methyl dopa-hydrochlorothiazide</i>	1	MO
METHYLDOPATE HCL	3	BD
<i>methylergonovine maleate oral</i>	1	
METHYLIN	3	MO
<i>methylphenidate hcl er</i>	1	MO
<i>methylphenidate hcl er (cd) oral capsule extended release* 10 mg, 50 mg, 60 mg</i>	1	MO
<i>methylphenidate hcl er (la)</i>	1	MO
<i>methylphenidate hcl oral</i>	1	MO
<i>methylprednisolone (pak)</i>	1	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	1	
<i>methylprednisolone oral</i>	1	BD; MO

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>methylprednisolone sodium succ injection solution reconstituted 125 mg, 40 mg</i>	1	
<i>metipranolol</i>	1	MO
<i>metoclopramide hcl injection</i>	1	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	
<i>metoclopramide hcl oral tablet dispersible</i>	1	
<i>metolazone</i>	1	MO
<i>metoprolol succinate er</i>	1	MO
<i>metoprolol tartrate intravenous* solution 1 mg/ml</i>	1	
<i>metoprolol tartrate oral</i>	1	MO
<i>metoprolol-hydrochlorothiazide</i>	1	MO
METOSOLV ODT ORAL TABLET DISPERSIBLE 5 MG	3	
METROCREAM	3	
METROGEL	3	
METROGEL-VAGINAL	3	
METROLOTION	3	
<i>metronidazole external</i>	1	
<i>metronidazole in nacl intravenous* solution 500-0.79 mg/100ml-%</i>	1	
<i>metronidazole oral</i>	1	
<i>metronidazole vaginal</i>	1	
<i>mexiletine hcl oral</i>	1	MO
MIACALCIN INJECTION	3	
MIACALCIN NASAL	3	MO
MICARDIS	3	MO
MICARDIS HCT	3	MO
MICONAZOLE 3 VAGINAL SUPPOSITORY	3	
<i>microgestin 1.5/30</i>	1	MO
<i>microgestin 1/20</i>	1	MO
<i>microgestin fe 1.5/30</i>	1	MO
<i>microgestin fe 1/20</i>	1	MO
MICROZIDE	3	MO
<i>midodrine hcl</i>	1	MO
<i>migergot</i>	1	
MIGRANAL	2	

Drug Name	Tier	Requirements/Limits
MILLIPRED	3	
<i>mimvey</i>	1	PA; AL (Max 64 Years)
<i>mimvey lo</i>	1	PA; AL (Max 64 Years)
MINASTRIN 24 FE	3	MO
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	3	MO
<i>minitran</i>	3	MO
MINIVELLE	2	PA; MO; AL (Max 64 Years)
MINOCIN ORAL	3	
<i>minocycline hcl er</i>	1	
<i>minocycline hcl oral capsule 100 mg, 50 mg</i>	1	MO
<i>minocycline hcl oral capsule 75 mg</i>	1	
<i>minocycline hcl oral tablet</i>	1	MO
<i>minoxidil oral</i>	1	MO
MIRAPEX	3	MO
MIRAPEX ER	3	MO
<i>mirtazapine oral</i>	1	MO
MIRVASO	3	PA
<i>misoprostol oral</i>	1	MO
MITIGARE	3	
<i>mitomycin intravenous* solution reconstituted 20 mg</i>	1	PA
<i>mitoxantrone hcl intravenous* concentrate 25 mg/12.5ml</i>	1	PA
<i>m-m-r ii</i>	1	
MOBIC	3	MO
<i>modafinil</i>	1	PA
MODERIBA 1200 DOSE PACK	3	PA
MODERIBA 800 DOSE PACK	3	PA
MODERIBA ORAL TABLET	3	PA
MODICON (28)	3	MO
<i>moexipril hcl</i>	1	MO
<i>moexipril-hydrochlorothiazide</i>	1	MO
<i>mometasone furoate external</i>	1	MO
<i>mononessa</i>	1	MO
<i>montelukast sodium oral</i>	1	MO
MONUROL	3	

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>morphine sulfate (concentrate) oral solution 20 mg/ml</i>	1	QL (360 ML per 30 days)
<i>morphine sulfate (pf) intravenous* solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i>	1	
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg</i>	1	QL (120 EA per 30 days)
<i>morphine sulfate er beads oral capsule extended release 24 hour 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	1	QL (60 EA per 30 days)
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1	QL (60 EA per 30 days)
<i>morphine sulfate er oral capsule extended release 24 hour 100 mg</i>	1	QL (100 EA per 30 days)
<i>morphine sulfate er oral tablet extended release* 100 mg, 200 mg</i>	1	QL (180 EA per 30 days)
<i>morphine sulfate er oral tablet extended release* 15 mg, 30 mg, 60 mg</i>	1	QL (90 EA per 30 days)
<i>morphine sulfate oral solution 10 mg/5ml</i>	1	QL (2700 ML per 30 days)
<i>morphine sulfate oral solution 20 mg/5ml</i>	1	QL (1350 ML per 30 days)
<i>morphine sulfate oral tablet</i>	1	QL (360 EA per 30 days)
MOVANTIK	3	
MOVIPREP	3	
MOXEZA	3	
MOXIFLOXACIN HCL INTRAVENOUS*	2	
<i>moxifloxacin hcl oral</i>	1	
MOZOBIL	3	PA
MS CONTIN ORAL TABLET EXTENDEDRELEASE* 100 MG, 200 MG	3	QL (180 EA per 30 days)
MS CONTIN ORAL TABLET EXTENDEDRELEASE* 15 MG, 30 MG, 60 MG	3	QL (90 EA per 30 days)
MULTAQ	3	MO
<i>mupirocin calcium</i>	1	
<i>mupirocin external</i>	1	
MUSTARGEN	3	PA
MYALEPT	3	PA; SP
MYAMBUTOL ORAL TABLET 400 MG	3	
MYCAMINE	2	
MYCOBUTIN	3	



<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>mycophenolate mofetil</i>	1	BD; MO
<i>mycophenolic acid</i>	1	BD; MO
MYFORTIC	3	BD; MO
<i>myorisan oral capsule 10 mg, 20 mg, 40 mg</i>	1	
MYOZYME	2	PA
MYRBETRIQ	3	MO
MYSOLINE	3	MO
<i>nabumetone oral</i>	1	MO
<i>nadolol oral</i>	1	MO
<i>nadolol-bendroflumethiazide</i>	1	MO
<i>naftillin sodium injection solution reconstituted 1 gm, 10 gm</i>	1	
<i>naftifine hcl</i>	1	
NAFTIN EXTERNAL	2	
NAFTIN EXTERNAL CREAM 1 %	2	
NAGLAZYME	2	PA
<i>nalbuphine hcl injection</i>	1	
<i>naloxone hcl injection solution 1 mg/ml</i>	1	
<i>naltrexone hcl oral</i>	1	
NAMENDA	2	MO
NAMENDA TITRATION PAK	2	
NAMENDA XR	2	MO
NAMENDA XR TITRATION PACK	2	MO
NAMZARIC	3	PA
NAPHAZOLINE HCL OPHTHALMIC	2	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HR* 375 MG, 500 MG, 750 MG	3	MO
NAPROSYN ORAL TABLET	3	MO
<i>naproxen dr</i>	1	MO
<i>naproxen oral</i>	1	MO
<i>naproxen sodium er</i>	1	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
<i>naratriptan hcl</i>	1	
NARDIL	3	
NASONEX	2	MO
NATACYN	2	
NATAZIA	3	MO

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>nateglinide</i>	1	MO
NATESTO	3	PA
NATPARA	3	PA
NEBUPENT	3	BD
<i>necon 0.5/35 (28)</i>	1	MO
<i>necon 1/35 (28)</i>	1	MO
NECON 1/50 (28)	3	MO
NECON 10/11 (28)	3	MO
<i>necon 7/7/7</i>	1	MO
<i>nefazodone hcl</i>	1	MO
<i>neomycin sulfate oral</i>	1	
<i>neomycin-bacitracin zn-polymyx</i>	1	
<i>neomycin-polymyxin b gu</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
NEOMYCIN-POLYMYXIN-HC OPHTHALMIC	3	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	1	
<i>neomycin-polymyxin-hc otic suspension</i>	1	
NEORAL	3	BD; MO
NEOSPORIN	3	
NEO-SYNALAR EXTERNAL CREAM	3	
NEPHRAMINE	3	BD
NESINA	3	MO
<i>neuac external</i>	1	
NEULASTA	3	PA
NEUMEGA	2	PA
NEUPOGEN	3	PA
NEUPRO	3	
NEURONTIN	3	MO
NEVANAC	2	
<i>nevirapine</i>	1	MO
<i>nevirapine er</i>	1	MO
NEXAVAR	3	PA; SP
NEXIUM	3	ST; MO

Drug Name	Tier	Requirements/Limits
NEXIUM I.V. INTRAVENOUS* SOLUTION RECONSTITUTED 40 MG	3	
<i>niacin er (antihyperlipidemic)</i>	1	MO
NIACOR	3	MO
NIASPAN	3	MO
<i>nicardipine hcl intravenous*</i>	1	BD
<i>nicardipine hcl oral</i>	1	MO
NICOTROL	2	
NICOTROL NS	2	
<i>nifedical xl</i>	1	MO
<i>nifedipine er osmotic</i>	1	MO
<i>nifedipine oral</i>	1	PA; MO; AL (Max 64 Years)
<i>nikki</i>	1	MO
NILANDRON	2	MO
<i>nimodipine oral</i>	1	MO
NIPENT	3	PA
<i>nisoldipine er oral tablet extended release 24 hr* 17 mg, 25.5 mg, 34 mg, 8.5 mg</i>	1	MO
NISOLDIPINE ER ORAL TABLET EXTENDED RELEASE 24 HR* 20 MG, 30 MG, 40 MG	3	MO
NITRO-BID	3	MO
NITRO-DUR	3	MO
<i>nitrofurantoin</i>	1	QL (400 ML per 10 days)
<i>nitrofurantoin macrocrystal oral</i>	1	QL (40 EA per 10 days)
<i>nitrofurantoin monohyd macro</i>	1	QL (20 EA per 10 days)
<i>nitroglycerin transdermal</i>	1	MO
<i>nitroglycerin translingual solution</i>	1	MO
NITROLINGUAL	3	MO
NITROMIST	3	MO
NITROSTAT	2	MO
<i>nizatidine</i>	1	MO
NIZORAL	3	
NORCO	3	
NORDITROPIN FLEXPOR	2	PA
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24)</i>	1	MO
<i>norethindrone acetate oral</i>	1	MO

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>norethindrone oral</i>	1	MO
<i>norethindrone-eth estradiol</i>	1	MO
<i>norethin-eth estradiol-fe</i>	1	MO
NORINYL 1+35 (28)	3	MO
NORINYL 1+50 (28)	3	MO
NORITATE	2	
<i>norlyroc</i>	1	MO
<i>normosol-m in d5w</i>	1	
NORMOSOL-R PH 7.4	3	
NORPACE	3	PA; MO; AL (Max 64 Years)
NORPACE CR	3	PA; MO; AL (Max 64 Years)
NORPRAMIN	3	
NOR-QD	3	MO
NORTHERA	3	PA
<i>nortrel 0.5/35 (28)</i>	1	MO
<i>nortrel 1/35 (21)</i>	1	MO
<i>nortrel 1/35 (28)</i>	1	MO
<i>nortrel 7/7/7</i>	1	MO
<i>nortriptyline hcl oral</i>	1	MO
NORVASC	3	MO
NORVIR	2	MO
<i>novarel</i>	1	PA
NOVOLIN 70/30	2	MO
NOVOLIN N	2	MO
NOVOLIN R	2	MO
NOVOLOG	2	MO
NOVOLOG FLEXPEN	2	MO
NOVOLOG MIX 70/30	2	MO
NOVOLOG MIX 70/30 FLEXPEN	2	MO
NOVOLOG PENFILL	2	MO
NOXAFIL ORAL	3	MO
NUCYNTA	2	QL (180 EA per 30 days)
NUCYNTA ER	2	QL (60 EA per 30 days)
NUEDEXTA	2	PA
NULOJIX	3	BD
NULYTELY WITH FLAVOR PACKS	3	
<i>nutrilipid</i>	1	

Drug Name	Tier	Requirements/Limits
NUTROPIN AQ NUSPIN 5	2	PA
NUTROPIN AQ PEN	2	PA
NUVARING	2	
NUVESSA	3	
NUVIGIL	2	PA
<i>nyamyc</i>	1	
<i>nystatin external cream</i>	1	
<i>nystatin external ointment</i>	1	
<i>nystatin external powder 100000 unit/gm</i>	1	
<i>nystatin mouth/throat</i>	1	
<i>nystatin oral tablet</i>	1	
<i>nystatin-triamcinolone</i>	1	
<i>nystop</i>	1	
OCTAGAM INTRAVENOUS* SOLUTION 2 GM/20ML, 25 GM/500ML	2	PA
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	PA
OCUFEN	3	
OCUFLOX	3	
OFEV	3	PA
<i>ofloxacin ophthalmic</i>	1	
<i>ofloxacin oral tablet 400 mg</i>	1	
<i>ofloxacin otic</i>	1	
OGESTREL	2	MO
<i>olanzapine intramuscular*</i>	1	BD
<i>olanzapine oral</i>	1	MO
<i>olanzapine-fluoxetine hcl</i>	1	PA; MO
<i>olopatadine hcl</i>	1	
OLUX	3	
OLYSIO	2	PA
OMECLAMOX-PAK	3	
<i>omega-3-acid ethyl esters</i>	1	MO
<i>omeprazole oral capsule delayed release</i>	1	MO
<i>omeprazole-sodium bicarbonate</i>	1	ST
OMNARIS	3	MO
OMNIPRED	3	
OMNITROPE	3	PA

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
ONCASPAR	3	PA
<i>ondansetron</i>	1	BD
<i>ondansetron hcl injection solution 4 mg/2ml</i>	1	
<i>ondansetron hcl oral</i>	1	BD
ONEXTON	3	
ONFI ORAL SUSPENSION	2	PA
ONFI ORAL TABLET 10 MG, 20 MG	2	PA
ONGLYZA	2	MO
OPANA ER ORAL	3	QL (90 EA per 30 days)
OPANA ORAL	3	QL (180 EA per 30 days)
OPDIVO INTRAVENOUS* SOLUTION 40 MG/4ML	3	PA
OPSUMIT	3	PA; SP
ORACEA	3	
ORALAIR	3	PA
ORAP	2	MO
ORAPRED ODT	3	
ORAVIG	3	
ORENCIA SUBCUTANEOUS*	3	PA
ORENITRAM	3	PA
ORFADIN	2	PA; SP
ORKAMBI	3	PA; AL (Min 12 Years)
<i>orsythia</i>	1	MO
ORTHO MICRONOR	3	MO
ORTHO TRI-CYCLEN (28)	3	MO
ORTHO TRI-CYCLEN LO	3	MO
ORTHO-CEPT (28)	3	MO
ORTHO-CYCLEN (28)	3	MO
ORTHO-NOVUM 1/35 (28)	3	MO
ORTHO-NOVUM 7/7/7 (28)	3	MO
OSENI	3	MO
OSMOPREP	3	
OTEZLA ORAL TABLET	3	PA
OTREXUP	3	PA
OVCON-35 (28)	3	MO
OVIDE	3	
<i>oxacillin sodium injection solution reconstituted 10 gm, 2 gm</i>	1	

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>oxaliplatin intravenous* solution 100 mg/20ml</i>	1	PA
<i>oxandrolone oral</i>	1	
<i>oxaprozin</i>	1	MO
<i>oxazepam</i>	1	
<i>oxcarbazepine</i>	1	MO
OXISTAT	3	
OXSORALEN	3	
OXSORALEN ULTRA	3	
OXTELLAR XR	3	MO
<i>oxybutynin chloride er</i>	1	MO
<i>oxybutynin chloride oral</i>	1	MO
<i>oxycodone hcl er</i>	1	QL (90 EA per 30 days)
<i>oxycodone hcl oral capsule</i>	1	QL (540 EA per 30 days)
<i>oxycodone hcl oral solution</i>	1	QL (2700 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg</i>	1	QL (270 EA per 30 days)
<i>oxycodone hcl oral tablet 15 mg</i>	1	QL (180 EA per 30 days)
<i>oxycodone hcl oral tablet 20 mg</i>	1	QL (135 EA per 30 days)
<i>oxycodone hcl oral tablet 30 mg</i>	1	QL (90 EA per 30 days)
<i>oxycodone hcl oral tablet 5 mg</i>	1	QL (540 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
<i>oxycodone-aspirin</i>	1	
<i>oxycodone-ibuprofen</i>	1	
OXYCONTIN	2	QL (90 EA per 30 days)
<i>oxymorphone hcl</i>	1	QL (180 EA per 30 days)
<i>oxymorphone hcl er</i>	1	QL (90 EA per 30 days)
OXYTROL	3	MO
<i>pacerone</i>	1	MO
<i>paclitaxel intravenous* concentrate 300 mg/50ml</i>	1	PA
PAMELOR	3	
<i>pamidronate disodium intravenous* solution</i>	1	PA
PANCREAZE	2	MO
PANDEL	3	
PANRETIN	2	
<i>pantoprazole sodium oral</i>	1	MO
<i>paricalcitol intravenous*</i>	1	
<i>paricalcitol oral</i>	1	ST; MO

Drug Name	Tier	Requirements/Limits
PARNATE	3	
<i>paromomycin sulfate oral</i>	1	
<i>paroxetine hcl</i>	1	MO
<i>paroxetine hcl er</i>	1	MO
PASER	3	
PATADAY	3	
PATANASE	3	
PATANOL	3	
PAXIL	3	MO
PAXIL CR	3	MO
PCE	3	
<i>pedvax hib</i>	1	
<i>peg-3350/electrolytes</i>	1	
PEGANONE	2	MO
PEGASYS PROCLICK	2	PA
PEGASYS SUBCUTANEOUS* SOLUTION	2	PA
PEG-INTRON REDIPEN	2	PA
PEGINTRON SUBCUTANEOUS* KIT 120 MCG/0.5ML, 150 MCG/0.5ML, 80 MCG/0.5ML	2	PA
PEG-INTRON SUBCUTANEOUS* KIT 50 MCG/0.5ML	2	PA
<i>penicillin g potassium injection solution reconstituted 5000000 unit</i>	1	
PENICILLIN G PROCAINE	3	
<i>penicillin v potassium</i>	1	
PENNSAID TRANSDERMAL SOLUTION 2 %	3	MO
PENTAM	3	
PENTASA	2	MO
PENTAZOCINE-NALOXONE HCL	3	
<i>pentoxifylline er</i>	1	MO
PEPCID ORAL SUSPENSION RECONSTITUTED	3	MO
PEPCID ORAL TABLET 20 MG	3	MO
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	3	
PERFOROMIST	2	BD; MO
<i>perindopril erbumine</i>	1	MO



<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>periogard</i>	1	
<i>permethrin external cream</i>	1	
<i>perphenazine oral</i>	1	MO
<i>perphenazine-amitriptyline</i>	1	PA; AL (Max 64 Years)
PERSANTINE	3	PA; MO; AL (Max 64 Years)
PERTZYE	2	MO
PEXEVA	3	MO
<i>phenelzine sulfate oral</i>	1	
PHENERGAN	3	PA; AL (Max 64 Years)
<i>phenobarbital oral elixir</i>	1	PA; AL (Max 64 Years)
<i>phenobarbital oral tablet</i>	1	PA; AL (Max 64 Years)
<i>phenoxybenzamine hcl oral</i>	1	MO
PHENYTEK	3	MO
<i>phenytoin oral suspension 125 mg/5ml</i>	1	MO
<i>phenytoin oral tablet chewable</i>	1	MO
<i>phenytoin sodium extended</i>	1	MO
<i>phenytoin sodium injection</i>	1	
PHOSLO	3	MO
PHOSLYRA	3	MO
PHOSPHOLINE IODIDE	2	MO
<i>physiolyte</i>	1	
<i>physiosol irrigation</i>	1	
PICATO	3	
<i>pilocarpine hcl ophthalmic</i>	1	MO
<i>pilocarpine hcl oral</i>	1	MO
<i>pimtrex</i>	1	MO
<i>pindolol</i>	1	MO
<i>pioglitazone hcl</i>	1	MO
<i>pioglitazone hcl-glimepiride</i>	1	MO
<i>pioglitazone hcl-metformin hcl</i>	1	MO
<i>piperacillin sod-tazobactam so intravenous* solution reconstituted 3-0.375 gm, 4-0.5 gm</i>	1	
<i>pirmella 1/35</i>	1	MO
<i>piroxicam oral</i>	1	MO
PLAQUENIL	3	MO
PLASMA-LYTE 148	3	
PLASMA-LYTE A	3	

Drug Name	Tier	Requirements/Limits
PLASMA-LYTE-56 IN D5W	3	
PLAVIX	3	MO
PLETAL	3	MO
<i>podofilox external</i>	1	
<i>polyethylene glycol 3350 oral powder</i>	1	
<i>polymyxin b sulfate injection</i>	1	
<i>polymyxin b-trimethoprim</i>	1	
POLYTRIM	3	
POMALYST	3	PA; SP
PONSTEL	3	
<i>portia-28</i>	1	MO
<i>potassium chloride crys er</i>	1	MO
<i>potassium chloride er oral capsule extended release*</i>	1	MO
<i>potassium chloride er oral tablet extendedrelease* 8 meq</i>	1	MO
<i>potassium chloride in dextrose</i>	1	
<i>potassium chloride in nacl intravenous* solution 20-0.45 meq/l-%</i>	1	
<i>potassium chloride oral liquid†</i>	1	MO
<i>potassium citrate er</i>	1	MO
POTIGA	3	MO
PRADAXA	2	MO
<i>pramipexole dihydrochloride</i>	1	MO
<i>pramipexole dihydrochloride er</i>	1	MO
PRANDIMET	2	MO
PRANDIN	3	MO
PRAVACHOL	3	MO
<i>pravastatin sodium</i>	1	MO
<i>prazosin hcl oral</i>	1	MO
PRECOSE	3	MO
PRED FORTE	3	
PRED MILD	2	
PRED-G	3	
PRED-G S.O.P.	3	
<i>prednicarbate</i>	1	
<i>prednisolone sodium phosphate ophthalmic</i>	1	
<i>prednisolone sodium phosphate oral</i>	1	

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>prednisone intensol</i>	1	
<i>prednisone oral solution</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg</i>	1	BD; MO
<i>prednisone oral tablet 5 mg, 50 mg</i>	1	BD
PREFEST	3	PA; MO; AL (Max 64 Years)
<i>pregnyl</i>	1	PA
PREMARIN INJECTION	2	
PREMARIN ORAL	2	PA; MO; AL (Max 64 Years)
PREMARIN VAGINAL	2	MO
PREMASOL	2	BD
PREMPHASE	2	PA; MO; AL (Max 64 Years)
PREMPRO	2	PA; MO; AL (Max 64 Years)
<i>prenatal oral tablet 27-1 mg</i>	1	
PREPOPIK	3	
PREVACID	3	ST; MO
PREVACID SOLUTAB	3	ST; MO
<i>prevalite oral powder</i>	1	MO
<i>previfem</i>	1	MO
PREVPAC	3	
PREZCOBIX	3	
PREZISTA ORAL SUSPENSION	2	MO
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	MO
PRILOSEC ORAL CAPSULE DELAYED RELEASE 20 MG, 40 MG	3	ST; MO
<i>primaquine phosphate oral</i>	1	
PRIMAXIN IV	3	
<i>primidone oral</i>	1	MO
PRIMSOL	3	
PRINIVIL	3	MO
PRISTIQ	2	MO
PRIVIGEN INTRAVENOUS* SOLUTION 20 GM/200ML	2	PA
PROAIR HFA	2	
PROAIR RESPICLICK	2	
<i>probenecid oral</i>	1	MO
PROCALAMINE	2	BD

Drug Name	Tier	Requirements/Limits
PROCARDIA	3	PA; MO; AL (Max 64 Years)
PROCARDIA XL	3	MO
PROCENTRA	3	
<i>prochlorperazine</i>	1	MO
<i>prochlorperazine edisylate injection</i>	1	BD
<i>prochlorperazine maleate oral</i>	1	BD; MO
PROCRIT	2	PA
<i>procto-pak</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
PROCYSBI	3	PA
<i>progesterone micronized oral</i>	1	MO
PROGLYCEM	2	
PROGRAF INTRAVENOUS*	2	BD
PROGRAF ORAL	3	BD; MO
PROLASTIN-C	3	PA; SP
PROLENSA	3	
PROLEUKIN	2	PA
PROLIA	2	PA
PROMACTA	2	PA; SP
<i>promethazine hcl injection</i>	1	PA; AL (Max 64 Years)
<i>promethazine hcl oral syrup</i>	1	PA; AL (Max 64 Years)
<i>promethazine hcl oral tablet</i>	1	PA; AL (Max 64 Years)
<i>promethazine hcl suppository</i>	1	PA; AL (Max 64 Years)
<i>promethazine vc plain</i>	1	PA; AL (Max 64 Years)
<i>promethegan suppository 25 mg</i>	1	PA; AL (Max 64 Years)
PROMETHEGAN SUPPOSITORY 50 MG	3	PA; AL (Max 64 Years)
PROMETRIUM	3	
<i>propafenone hcl</i>	1	MO
<i>propafenone hcl er</i>	1	MO
<i>propantheline bromide oral</i>	1	
<i>proparacaine hcl ophthalmic</i>	1	
<i>propranolol hcl er</i>	1	MO
<i>propranolol hcl intravenous*</i>	1	
PROPRANOLOL HCL ORAL SOLUTION	3	MO
<i>propranolol hcl oral tablet</i>	1	MO
<i>propranolol-hctz</i>	1	MO

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>propylthiouracil oral</i>	1	MO
<i>proquad</i>	1	
PROSCAR	3	MO
PROSOL	3	BD
PROTONIX	3	ST; MO
PROTOPIC	3	MO
<i>protriptyline hcl</i>	1	
PROVENTIL HFA	2	
PROVERA	3	MO
PROVIGIL	3	PA
PROZAC	3	MO
PROZAC WEEKLY	3	MO
PRUDOXIN	3	
PULMICORT	3	BD; MO
PULMICORT FLEXHALER	2	MO
PULMOZYME	2	BD
PURIXAN	2	
<i>pyrazinamide oral</i>	1	
<i>pyridostigmine bromide er</i>	1	MO
<i>pyridostigmine bromide oral</i>	1	MO
QNASL	3	
QNASL CHILDRENS	3	
<i>quadracel</i>	1	
QUALAQUIN	3	
QUARTETTE	3	
<i>quasense</i>	1	
QUDEXY XR	3	PA
QUESTRAN ORAL PACKET	3	MO
<i>quetiapine fumarate</i>	1	MO
QUILLIVANT XR	3	MO
<i>quinapril hcl</i>	1	MO
<i>quinapril-hydrochlorothiazide</i>	1	MO
<i>quinidine gluconate er</i>	1	MO
<i>quinidine sulfate oral</i>	1	MO
<i>quinine sulfate oral</i>	1	
QVAR	2	MO
<i>rabavert</i>	1	

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>rabeprazole sodium</i>	1	ST; MO
RAGWITEK	3	PA
<i>raloxifene hcl</i>	1	MO
<i>ramipril</i>	1	MO
RANEXA	2	MO
<i>ranitidine hcl injection solution 150 mg/6ml</i>	1	
<i>ranitidine hcl oral capsule</i>	1	MO
<i>ranitidine hcl oral syrup 15 mg/ml</i>	1	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	MO
RAPAFLO	3	MO
RAPAMUNE ORAL SOLUTION	2	BD; MO
RAPAMUNE ORAL TABLET	3	BD; MO
RASUVO	3	PA; MO
RAVICTI	3	PA; SP
RAYOS	3	
RAZADYNE ER	3	MO
RAZADYNE ORAL TABLET	3	MO
REBETOL	3	PA
REBIF	3	
REBIF REBIDOSE	3	
REBIF REBIDOSE TITRATION PACK	3	
REBIF TITRATION PACK	3	
RECLAST	3	PA
<i>reclipsen</i>	1	MO
<i>recombivax hb</i>	1	BD
RECTIV	3	
REGLAN ORAL	3	
REGRANEX	3	QL (45 GM per 30 days)
RELENZA DISKHALER	3	
RELISTOR SUBCUTANEOUS* SOLUTION	2	
RELPAX	2	
REMERON	3	MO
REMERON SOLTAB	3	MO
REMICADE	2	PA
REMODULIN	3	PA
RENAGEL	2	MO
RENVELA	2	MO

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>repaglinide</i>	1	MO
REPATHA	3	PA
REPATHA SURECLICK	3	PA
REPREXAIN	3	
REQUIP	3	MO
REQUIP XL	3	MO
RESCRIPTOR	2	MO
RESCULA	3	MO
RESERPINE ORAL TABLET 0.1 MG	3	MO
RESERPINE ORAL TABLET 0.25 MG	3	PA; MO; AL (Max 64 Years)
RESTASIS	2	MO
RETIN-A	3	
RETIN-A MICRO EXTERNAL 0.04 %	3	
RETIN-A MICRO PUMP EXTERNAL 0.08 %, 0.1 %	3	
RETROVIR INTRAVENOUS*	2	
RETROVIR ORAL CAPSULE	3	MO
RETROVIR ORAL SYRUP	3	MO
REVATIO INTRAVENOUS*	3	PA
REVATIO ORAL SUSPENSION RECONSTITUTED	2	PA
REVATIO ORAL TABLET	3	PA
REVLIMID	3	PA; SP
REXULTI	3	QL (30 EA per 30 days)
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	2	MO
REYATAZ ORAL PACKET	2	MO
RHEUMATREX	3	MO
RHINOCORT AQUA	3	MO
<i>ribasphere</i>	3	PA
RIBASPHERE RIBAPAK ORAL TABLET 400 & 600 MG, 400 MG, 600 MG	3	PA
<i>ribavirin oral</i>	1	PA
RIDAURA	2	MO
<i>rifabutin</i>	1	
RIFADIN	3	
RIFAMATE	3	MO
<i>rifampin intravenous*</i>	1	

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>rifampin oral</i>	1	
RIFATER	2	MO
RILUTEK	3	MO
<i>riluzole</i>	1	MO
<i>rimantadine hcl</i>	1	
<i>ringers</i>	1	
<i>ringers irrigation</i>	1	
RIOMET	3	MO
<i>risedronate sodium</i>	1	MO
RISPERDAL	3	MO
RISPERDAL CONSTA	2	BD
RISPERDAL M-TAB	3	
<i>risperidone oral solution</i>	1	MO
<i>risperidone oral tablet</i>	1	MO
<i>risperidone oral tablet dispersible</i>	1	
RITALIN	3	MO
RITALIN LA	3	MO
RITUXAN	2	PA
<i>rivastigmine tartrate</i>	1	MO
<i>rizatriptan benzoate</i>	1	
ROBINUL ORAL	3	
ROBINUL-FORTE	3	
ROCALTROL	3	MO
<i>ropinirole hcl</i>	1	MO
<i>ropinirole hcl er</i>	1	MO
<i>rotarix</i>	1	
<i>rotateq</i>	1	
ROXICODONE ORAL TABLET 15 MG	3	QL (180 EA per 30 days)
ROXICODONE ORAL TABLET 30 MG	3	QL (90 EA per 30 days)
ROXICODONE ORAL TABLET 5 MG	3	QL (540 EA per 30 days)
ROZEREM	2	
RUCONEST	3	PA
RYTHMOL	3	MO
RYTHMOL SR	3	MO
SABRIL	2	
SAFYRAL	3	MO
SAIZEN	3	PA



Drug Name	Tier	Requirements/Limits
SAIZEN CLICK.EASY	3	PA
SALAGEN	3	
SAMSCA	2	PA
SANCUSO	3	
SANDIMMUNE INTRAVENOUS*	3	BD
SANDIMMUNE ORAL	3	BD; MO
SANDOSTATIN	3	PA
SANDOSTATIN LAR DEPOT	3	PA
SANTYL	2	
SAPHRIS	3	MO
SARAFEM	3	MO
SAVAYSA	3	PA; MO
SAVELLA	2	MO
SAVELLA TITRATION PACK	2	
SEASONIQUE	3	
SECONAL	3	PA; AL (Max 64 Years)
SECTRAL	3	MO
<i>selegiline hcl oral</i>	1	MO
<i>selenium sulfide external lotion</i>	1	
SELZENTRY	2	MO
SENSIPAR	2	MO
SEREVENT DISKUS	2	MO
SEROQUEL	3	MO
SEROQUEL XR	2	MO
SEROSTIM	3	PA
<i>sertraline hcl oral</i>	1	MO
SFROWASA	3	MO
<i>sharobel</i>	1	MO
SIGNIFOR	3	PA
<i>sildenafil citrate intravenous*</i>	1	PA
<i>sildenafil citrate oral</i>	1	PA
SILENOR	3	QL (30 EA per 30 days)
SILVADENE	3	
<i>silver sulfadiazine external</i>	1	
SIMBRINZA	2	MO
SIMCOR	2	MO
SIMPONI	3	PA

Drug Name	Tier	Requirements/Limits
SIMULECT INTRAVENOUS* SOLUTION RECONSTITUTED 20 MG	3	BD
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	MO
<i>simvastatin oral tablet 80 mg</i>	1	PA; MO
SINEMET	3	MO
SINEMET CR	3	MO
SINGULAIR	3	MO
<i>sirolimus oral</i>	1	BD; MO
SIRTURO	3	PA
SIVEXTRO	3	PA
SKELAXIN	3	PA; AL (Max 64 Years)
SKLICE	3	
<i>sodium chloride injection solution 2.5 meq/ml</i>	1	
<i>sodium chloride intravenous* solution 0.45 %, 0.9 %, 3 %, 5 %</i>	1	
<i>sodium chloride irrigation</i>	1	
SODIUM DIURIL	3	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	1	
<i>sodium phenylbutyrate oral</i>	1	
<i>sodium polystyrene sulfonate oral suspension</i>	1	MO
SOLARAZE	3	MO
SOLODYN	3	
SOLTAMOX	2	MO
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 250 MG	3	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 125 MG, 2 GM, 40 MG, 500 MG	3	
SOMATULINE DEPOT	3	PA
SOMAVERT SUBCUTANEOUS* SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG	3	PA; SP
SOMAVERT SUBCUTANEOUS* SOLUTION RECONSTITUTED 25 MG, 30 MG	3	PA
SONATA	3	QL (30 EA per 30 days)
SOOLANTRA	3	PA
SORIATANE	3	PA
SORILUX	3	

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>sorine</i>	1	MO
<i>sotalol hcl (af) oral tablet 120 mg</i>	1	MO
<i>sotalol hcl oral tablet 160 mg, 240 mg, 80 mg</i>	1	MO
SOTYLIZE	3	
SOVALDI	2	PA
SPIRIVA HANDIHALER	2	MO
SPIRIVA RESPIMAT	2	MO
<i>spironolactone oral</i>	1	MO
<i>spironolactone-hctz</i>	1	MO
SPORANOX ORAL CAPSULE	3	PA
SPORANOX ORAL SOLUTION	2	PA
SPORANOX PULSEPAK	3	PA
<i>sprintec 28</i>	1	MO
SPRIX	3	PA; AL (Max 64 Years)
SPRYCEL	2	PA
<i>sronyx</i>	1	MO
<i>ssd</i>	1	
STALEVO 100	3	MO
STALEVO 125	3	MO
STALEVO 150	3	MO
STALEVO 200	3	MO
STALEVO 50	3	MO
STALEVO 75	3	MO
STARLIX	3	MO
<i>stavudine</i>	1	MO
STELARA	3	PA
<i>sterile water for irrigation</i>	1	
STIMATE	2	
STIOLTO RESPIMAT	2	MO
STIVARGA	3	PA; SP
STRATTERA	2	MO
STREPTOMYCIN SULFATE INTRAMUSCULAR*	3	
STRIANT	3	
STRIBILD	2	
STRIVERDI RESPIMAT	3	MO
STROMECTOL	3	

Drug Name	Tier	Requirements/Limits
SUBOXONE SUBLINGUAL FILM	3	
SUBSYS	3	PA; QL (120 EA per 30 days)
SUCRAID	3	PA; SP
<i>sucralfate oral tablet</i>	1	MO
SULAR ORAL TABLET EXTENDED RELEASE 24 HR* 17 MG, 34 MG, 8.5 MG	3	MO
<i>sulfacetamide sodium external suspension</i>	1	
SULFACETAMIDE SODIUM OPHTHALMIC OINTMENT	3	
<i>sulfacetamide sodium ophthalmic solution</i>	1	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	1	
<i>sulfadiazine oral</i>	1	
<i>sulfamethoxazole-tmp ds</i>	1	
<i>sulfamethoxazole-trimethoprim intravenous*</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
SULFAMYLON	3	
<i>sulfasalazine oral tablet</i>	1	MO
<i>sulfazine ec</i>	1	MO
<i>sulindac oral</i>	1	MO
<i>sumatriptan nasal</i>	1	
<i>sumatriptan succinate oral</i>	1	
<i>sumatriptan succinate refill</i>	1	
<i>sumatriptan succinate subcutaneous* 6 mg/0.5ml</i>	1	
<i>sumatriptan succinate subcutaneous* solution 6 mg/0.5ml</i>	1	
SUMAVEL DOSEPRO	3	
SUPRAX ORAL CAPSULE	2	
SUPRAX ORAL SUSPENSION RECONSTITUTED	2	
SUPRAX ORAL TABLET CHEWABLE	2	
SUPREP BOWEL PREP	3	
SURMONTIL	3	PA; AL (Max 64 Years)
SUSTIVA	2	MO
SUTENT	3	PA

Drug Name	Tier	Requirements/Limits
SYLATRON SUBCUTANEOUS* KIT 200 MCG, 300 MCG, 600 MCG	3	PA
SYLVANT INTRAVENOUS* SOLUTION RECONSTITUTED 100 MG	3	BD; SP
SYLVANT INTRAVENOUS* SOLUTION RECONSTITUTED 400 MG	3	BD
SYMBICORT	2	MO
SYMBYAX	3	PA; MO
SYMLINPEN 120	2	PA; MO
SYMLINPEN 60	2	PA; MO
SYNAGIS INTRAMUSCULAR* SOLUTION 50 MG/0.5ML	3	PA
SYNALGOS-DC	2	
SYNAREL	2	PA
SYNERA	3	
SYNERCID	3	BD
SYNRIBO	3	PA
SYNTHROID	2	MO
SYPRINE	2	PA; MO
TABLOID	3	
TACLONEX	3	PA
<i>tacrolimus external</i>	1	MO
<i>tacrolimus oral</i>	1	BD; MO
TAFINLAR	3	PA; SP
TALWIN	3	PA; AL (Max 64 Years)
TAMIFLU ORAL CAPSULE	2	
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	2	
<i>tamoxifen citrate oral</i>	1	MO
<i>tamsulosin hcl</i>	1	MO
TANZEUM	3	ST
TAPAZOLE	3	MO
TARCEVA	2	
TARGRETIN ORAL	3	
<i>tarina fe 1/20</i>	1	MO
TARKA	3	MO
TASIGNA	3	
TASMAR	3	MO

Drug Name	Tier	Requirements/Limits
TAXOTERE INTRAVENOUS* CONCENTRATE 80 MG/4ML	3	PA
<i>tazicef injection</i>	1	
TAZORAC	2	PA
<i>taztia xt</i>	1	MO
TECFIDERA	2	
TECHNIVIE	3	PA
TEFLARO	3	
TEGRETOL ORAL SUSPENSION	3	MO
TEGRETOL ORAL TABLET	3	MO
TEGRETOL-XR	3	MO
TEKTURNA	3	ST; MO
TEKTURNA HCT	3	ST; MO
<i>telmisartan</i>	1	MO
<i>telmisartan-amlodipine</i>	1	MO
<i>temazepam</i>	1	QL (7 EA per 30 days)
TEMOVATE EXTERNAL	3	
TEMOVATE EXTERNAL CREAM	3	
TEMOVATE EXTERNAL OINTMENT	3	
TENCON ORAL TABLET 50-325 MG	3	PA; AL (Max 64 Years)
TENEX	3	PA; MO; AL (Max 64 Years)
<i>tenivac</i>	1	
TENORETIC 100	3	MO
TENORETIC 50	3	MO
TENORMIN	3	MO
TERAZOL 3 VAGINAL CREAM	3	
TERAZOL 7	3	
<i>terazosin hcl oral</i>	1	MO
<i>terbinafine hcl oral</i>	1	
<i>terbutaline sulfate injection</i>	1	
<i>terbutaline sulfate oral</i>	1	MO
<i>terconazole</i>	1	
TESTIM	2	PA
<i>testosterone cypionate intramuscular* solution 200 mg/ml</i>	1	PA
<i>testosterone enanthate intramuscular*</i>	1	PA
TESTOSTERONE TRANSDERMAL 10 MG/ACT (2%)	3	PA

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>testosterone transdermal 25 mg/2.5gm (1%)</i>	1	PA
TESTRED	2	PA; MO
<i>tetanus-diphtheria toxoids td</i>	1	
<i>tetrabenazine</i>	1	PA
<i>tetracycline hcl oral</i>	1	
THALOMID	2	
THEO-24	3	MO
<i>theophylline er</i>	1	MO
<i>theophylline oral solution</i>	1	
<i>thioridazine hcl oral</i>	1	PA; MO; AL (Max 64 Years)
THIOTEPA INJECTION	3	BD
<i>thiothixene oral</i>	1	MO
THYMOGLOBULIN	3	BD
THYROLAR-1	3	MO
THYROLAR-1/2	3	MO
THYROLAR-1/4	3	MO
THYROLAR-2	3	MO
THYROLAR-3	3	MO
<i>tiagabine hcl</i>	1	MO
TIAZAC	3	MO
<i>ticlopidine hcl</i>	1	PA; MO; AL (Max 64 Years)
TIGAN ORAL	3	PA; AL (Max 64 Years)
TIKOSYN	2	MO
<i>timolol maleate ophthalmic</i>	1	MO
<i>timolol maleate oral</i>	1	MO
TIMOPTIC OCUDOSE	3	MO
TIMOPTIC-XE	3	MO
TINDAMAX	3	
<i>tinidazole oral</i>	1	
TIROSINT	3	MO
TIVICAY	2	MO
<i>tizanidine hcl oral</i>	1	MO
TOBI	3	BD
TOBI PODHALER	3	PA
TOBRADEX OPHTHALMIC OINTMENT	2	
TOBRADEX OPHTHALMIC SUSPENSION	3	
TOBRADEX ST	2	

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>tobramycin inhalation</i>	1	BD
<i>tobramycin ophthalmic</i>	1	
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	1	
<i>tobramycin-dexamethasone</i>	1	
TOBEX	3	
TOFRANIL	3	PA; AL (Max 64 Years)
TOFRANIL-PM	3	PA; AL (Max 64 Years)
<i>tolazamide</i>	3	MO
TOLBUTAMIDE	3	MO
<i>tolcapone</i>	1	MO
<i>tolmetin sodium oral capsule</i>	1	MO
<i>tolmetin sodium oral tablet 600 mg</i>	1	MO
<i>tolterodine tartrate</i>	1	MO
<i>tolterodine tartrate er</i>	1	MO
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	3	MO
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 15 MG, 25 MG	3	MO
TOPICORT	3	
TOPICORT SPRAY	3	
<i>topiramate er</i>	1	PA
<i>topiramate oral</i>	1	MO
<i>toposar intravenous* solution 1 gm/50ml</i>	1	
<i>topotecan hcl intravenous* solution reconstituted</i>	1	
TOPROL XL	3	MO
TORISEL	3	PA
<i>toremide oral</i>	1	MO
TOUJEO SOLOSTAR	2	MO
TOVIAZ	2	MO
<i>tpn electrolytes intravenous* solution</i>	1	
TRACLEER	2	PA; SP
TRADJENTA	2	MO
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hr* 300 mg</i>	1	QL (30 EA per 30 days)
<i>tramadol hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	1	QL (30 EA per 30 days)



Drug Name	Tier	Requirements/Limits
<i>tramadol hcl er oral tablet extended release 24 hr* 100 mg, 200 mg</i>	1	QL (30 EA per 30 days)
<i>tramadol hcl oral</i>	1	
<i>tramadol-acetaminophen</i>	1	
<i>trandolapril</i>	1	MO
<i>trandolapril-verapamil hcl er</i>	1	MO
<i>tranexamic acid intravenous*</i>	1	
<i>tranexamic acid oral</i>	1	
TRANSDERM-SCOP	3	
<i>tranylcyromine sulfate</i>	1	
TRAVASOL	2	BD
TRAVATAN Z	2	MO
<i>travoprost</i>	1	MO
<i>trazodone hcl oral</i>	1	MO
TREANDA INTRAVENOUS* SOLUTION 45 MG/0.5ML	2	PA
TREANDA INTRAVENOUS* SOLUTION RECONSTITUTED 100 MG	2	PA
TRECTOR	3	
TRELSTAR MIXJECT	3	PA
<i>tretinoin external 0.01 %, 0.025 %</i>	1	
<i>tretinoin external cream</i>	1	
<i>tretinoin microsphere</i>	1	
<i>tretinoin oral</i>	1	
TRETIN-X EXTERNAL CREAM 0.0375 %	3	
TREXALL	2	BD; MO
TREXIMET	3	
<i>triamcinolone acetonide external</i>	1	
<i>triamcinolone acetonide mouth/throat</i>	1	
<i>triamcinolone acetonide nasal</i>	1	MO
<i>triamterene-hctz</i>	1	MO
<i>triazolam</i>	1	QL (7 EA per 30 days)
TRIBENZOR	3	MO
TRICOR	3	MO
<i>triderm</i>	1	
<i>trifluoperazine hcl oral</i>	1	MO
<i>trifluridine ophthalmic</i>	1	
TRIGLIDE ORAL TABLET 160 MG	3	MO

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>trihexyphenidyl hcl</i>	1	PA; MO; AL (Max 64 Years)
<i>tri-legest fe</i>	1	MO
TRILEPTAL	3	MO
TRILIPIX	3	MO
<i>trilyte</i>	1	
<i>trimethobenzamide hcl oral</i>	1	PA; AL (Max 64 Years)
<i>trimethoprim oral</i>	1	
<i>trinessa (28)</i>	1	MO
TRI-NORINYL (28)	3	MO
<i>tri-previfem</i>	1	MO
TRISENOX	2	PA
<i>tri-sprintec</i>	1	MO
TRIUMEQ	2	
<i>trivora (28)</i>	1	MO
TRIZIVIR	3	MO
TROKENDI XR	3	PA
TROPHAMINE	2	BD
<i>trospium chloride</i>	1	MO
<i>trospium chloride er</i>	1	MO
TRULICITY	3	ST; MO
<i>trumenba</i>	1	
TRUSOPT	3	MO
TRUVADA	2	MO
TUDORZA PRESSAIR	3	MO
<i>twinrix</i>	1	
TWYNSTA	3	MO
TYBOST	2	MO
TYGACIL	3	BD
TYKERB	3	PA
TYLENOL WITH CODEINE #3	3	
TYLENOL WITH CODEINE #4	3	
<i>typhim vi</i>	1	
TYSABRI	3	PA
TYZEKA	3	MO
TYZINE NASAL SOLUTION 0.05 %	3	
UCERIS	3	
ULORIC	2	MO

Drug Name	Tier	Requirements/Limits
ULTRACET	3	
ULTRAM	3	
ULTRAM ER	3	QL (30 EA per 30 days)
ULTRAVATE	3	
ULTRESA	2	MO
UNASYN INJECTION SOLUTION RECONSTITUTED 15 (10-5) GM, 3 (2-1) GM	3	
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO
URECHOLINE	3	MO
UROCIT-K 10	3	MO
UROCIT-K 15	3	MO
UROCIT-K 5	3	MO
UROXATRAL	3	MO
URSO 250	3	MO
URSO FORTE	3	MO
<i>ursodiol oral</i>	1	MO
UVADEX	3	
VAGIFEM	2	MO
<i>valacyclovir hcl oral</i>	1	MO
VALCHLOR	3	PA
VALCYTE ORAL SOLUTION RECONSTITUTED	2	
VALCYTE ORAL TABLET	3	
<i>valganciclovir hcl</i>	1	
VALIUM	3	
<i>valproate sodium intravenous* solution 500 mg/5ml</i>	1	BD
<i>valproic acid oral capsule</i>	1	MO
<i>valproic acid oral syrup</i>	1	MO
<i>valsartan</i>	1	MO
<i>valsartan-hydrochlorothiazide</i>	1	MO
VALTREX	3	MO
VANATOL LQ	2	PA; AL (Max 64 Years)
VANCOCIN HCL	3	
<i>vancomycin hcl intravenous* solution reconstituted 10 gm, 1000 mg, 500 mg</i>	1	BD

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>vancomycin hcl oral</i>	1	
<i>vandazole</i>	1	
VANOS	3	
<i>vaqta</i>	1	
<i>varivax</i>	1	
<i>varizig intramuscular* solution</i>	1	
VASCEPA	2	MO
VASERETIC	3	MO
VASOTEC	3	MO
VECAMYL	3	PA
VECTICAL	2	
VELCADE	2	PA
<i>velivet</i>	1	MO
VELPHORO	3	MO
VELTIN	3	
<i>venlafaxine hcl</i>	1	MO
<i>venlafaxine hcl er</i>	1	MO
VENTAVIS	3	PA
VENTOLIN HFA	2	
VERAMYST	3	MO
<i>verapamil hcl er</i>	1	MO
<i>verapamil hcl intravenous*</i>	1	
<i>verapamil hcl oral</i>	1	MO
VEREGEN	2	
VERELAN	3	MO
VERELAN PM	3	MO
VERIPRED 20	3	
VERSACLOZ	3	
VESICARE	2	MO
<i>vestura</i>	1	MO
VEXOL	2	
VFEND	3	PA
VFEND IV	3	PA
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	
VIBRAMYCIN	3	

Drug Name	Tier	Requirements/Limits
<i>vicodin es oral tablet 7.5-300 mg</i>	1	
<i>vicodin hp oral tablet 10-300 mg</i>	1	
<i>vicodin oral tablet 5-300 mg</i>	1	
VICOPROFEN	3	
VICTOZA	2	ST; MO
VIDAZA	3	PA
VIDEX EC	3	MO
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM	2	MO
VIGAMOX	3	
VIIBRYD ORAL KIT	3	
VIIBRYD ORAL TABLET	3	MO
VIMOVO	3	MO
VIMPAT INTRAVENOUS*	2	
VIMPAT ORAL	2	MO
VINBLASTINE SULFATE INTRAVENOUS* SOLUTION	3	PA
<i>vincasar pfs</i>	1	PA
<i>vincristine sulfate intravenous*</i>	1	PA
<i>vinorelbine tartrate intravenous* solution 50 mg/5ml</i>	1	PA
VIOKACE	2	MO
VIRACEPT	2	MO
VIRAMUNE ORAL SUSPENSION	2	MO
VIRAMUNE ORAL TABLET	3	MO
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR* 100 MG	2	MO
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR* 400 MG	3	MO
VIRAZOLE	3	BD
VIREAD ORAL POWDER 40 MG/GM	2	MO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG	2	MO
VIROPTIC	3	
VISTIDE	3	BD
VITEKTA	2	MO
VIVELLE-DOT	2	PA; MO; AL (Max 64 Years)
VOGELXO	3	PA

Drug Name	Tier	Requirements/Limits
VOLTAREN TRANSDERMAL	2	MO
<i>voriconazole intravenous*</i>	1	PA
<i>voriconazole oral</i>	1	PA
VOSPIRE ER	3	MO
VOTRIENT	3	PA
<i>vyfemla</i>	1	MO
VYTORIN	3	MO
VYVANSE	3	MO
<i>warfarin sodium oral</i>	1	MO
WELCHOL	2	MO
WELLBUTRIN	3	MO
WELLBUTRIN SR	3	MO
WELLBUTRIN XL	3	MO
<i>wymzya fe</i>	1	MO
XALATAN	3	MO
XALKORI	3	PA; SP
XANAX	3	
XANAX XR	3	
XARELTO	2	MO
XARELTO STARTER PACK	2	
XELJANZ	3	PA
XENAZINE	2	PA; SP
XERESE	3	
XGEVA	3	BD
XIFAXAN ORAL TABLET 200 MG	3	QL (9 EA per 3 days)
XIFAXAN ORAL TABLET 550 MG	3	
XODOL	3	
XOLAIR	3	PA; SP
XOPENEX	3	BD
XOPENEX HFA	3	MO
XTANDI	3	PA; SP
<i>xulane</i>	1	MO
XYLOCAINE EXTERNAL	3	
XYLOCAINE INJECTION SOLUTION 2 %	3	
XYREM	3	PA; SP
XYZAL	3	MO
YASMIN 28	3	MO

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
YAZ	3	MO
<i>yf-vax</i>	1	
<i>zafirlukast</i>	1	MO
<i>zaleplon</i>	1	QL (30 EA per 30 days)
ZANAFLEX	3	MO
ZANOSAR	3	PA
ZANTAC INJECTION SOLUTION 1000 MG/40ML	3	
ZANTAC ORAL TABLET	3	MO
ZARONTIN	3	MO
ZAVESCA	2	PA
<i>zazole vaginal cream</i>	1	
ZEBETA	3	MO
ZEBUTAL	3	PA; AL (Max 64 Years)
ZEGERID	3	ST
ZELAPAR	2	MO
ZELBORAF	3	PA
ZEMAIRA	3	PA; SP
ZEMPLAR INTRAVENOUS*	3	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	ST; MO
<i>zenatane</i>	1	
<i>zenchent</i>	1	MO
<i>zenchent fe</i>	1	MO
ZENPEP	2	MO
<i>zenzedi</i>	3	MO
ZERBAXA	3	PA
ZERIT	3	MO
ZESTORETIC	3	MO
ZESTRIL	3	MO
ZETIA	2	MO
ZETONNA	3	
ZIAC	3	MO
ZIAGEN ORAL SOLUTION	2	MO
ZIAGEN ORAL TABLET	3	MO
ZIANA	2	
<i>zidovudine</i>	1	MO
ZINACEF INJECTION	3	

Drug Name	Tier	Requirements/Limits
ZINECARD INTRAVENOUS* SOLUTION RECONSTITUTED 250 MG	3	PA
ZIOPTAN	3	MO
<i>ziprasidone hcl</i>	1	MO
ZIRGAN	2	
ZITHROMAX	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
ZMAX	3	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	3	MO
ZOCOR ORAL TABLET 80 MG	3	PA; MO
ZOFRAN	3	BD
ZOFRAN ODT	3	BD
<i>zoledronic acid intravenous* concentrate</i>	1	PA
<i>zoledronic acid intravenous* solution 5 mg/100ml</i>	1	PA
ZOLINZA	2	
<i>zolmitriptan oral</i>	1	
ZOLOFT	3	MO
<i>zolpidem tartrate</i>	1	QL (30 EA per 30 days)
<i>zolpidem tartrate er</i>	1	QL (30 EA per 30 days)
ZOMACTON	3	PA
ZOMETA	3	PA
ZOMIG	3	
ZOMIG ZMT	3	
ZONALON	2	
ZONEGRAN	3	MO
<i>zonisamide oral</i>	1	MO
ZONTIVITY	3	PA; SP; MO
ZORBTIVE	3	PA
ZORTRESS	2	BD; MO
<i>zostavax</i>	1	
ZOSYN INTRAVENOUS* SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML	2	
ZOSYN INTRAVENOUS* SOLUTION RECONSTITUTED 3-0.375 GM	3	
<i>zovia 1/35e (28)</i>	1	MO



<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
ZOVIA 1/50E (28)	2	MO
ZOVIRAX EXTERNAL CREAM	2	
ZOVIRAX EXTERNAL OINTMENT	3	
ZOVIRAX ORAL CAPSULE	3	
ZOVIRAX ORAL SUSPENSION	3	MO
ZOVIRAX ORAL TABLET 800 MG	3	MO
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG, 5.7-1.4 MG, 8.6-2.1 MG	2	
ZUPLENZ	3	BD
ZYBAN	3	
ZYCLARA	3	PA
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	3	PA
ZYDELIG	3	PA
ZYFLO	2	PA
ZYFLO CR	2	PA
ZYKADIA	3	PA; SP
ZYLET	3	
ZYLOPRIM	3	MO
ZYMAXID	3	
ZYPREXA INTRAMUSCULAR*	3	BD
ZYPREXA ORAL	3	MO
ZYPREXA RELPREVV INTRAMUSCULAR* SUSPENSION RECONSTITUTED 210 MG	3	BD
ZYPREXA ZYDIS	3	
ZYTIGA	3	PA; MO
ZYVOX INTRAVENOUS*	2	PA
ZYVOX ORAL SUSPENSION RECONSTITUTED	2	PA
ZYVOX ORAL TABLET	3	PA



This formulary was updated on 11/01/2015. For more recent information or other questions, please contact Independent Health's Medicare Member Services Department at 1-800-665-1502 or, for TTY users, 1-800-432-1110, October 1<sup>st</sup> – February 14<sup>th</sup>: Monday through Sunday from 8 a.m. to 8 p.m., February 15<sup>th</sup> – September 30<sup>th</sup>: Monday through Friday from 8 a.m. to 8 p.m., or visit [www.independenthealth.com](http://www.independenthealth.com).